The American Journal of NURSING

Volume XXX — MAY, 1930 — Number 5

Cancer as We Know It[1]

What Research Has Done and Hopes To Do in Finding Its Cause

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In discussing a disease it is customary to begin with its cause, but this is not so easy to do where cancer is concerned, for the reason that very little is actually known in spite of the years of observation, and later of experiment, that have been devoted to the problem.

It was once suggested that meat might be to blame because it was noticed that in prisons, where meat was at that time rarely allowed, cancer was less common than among the general run of the population. Meat, however, has nothing to do with the question; cancer does not often occur among prisoners because the average age of a jail population is somewhere about twenty, whereas this disease does not become a frequent cause of death until after thirty-five. Another reason for exonerating meat is the fact that cancer is as common in both men and animals living on a purely vegetable diet as it is among those that consume meat.

It has been conjectured that cancer may be a result of civilization, since it was at one time widely believed that savages were not subject to the disease. They are, however, though often it is not discovered because they do not have access to the skilful physicians and surgeons who are at the service of their more fortunate civilized brethren.

Various customs have been proposed as a cause, from time to time, such as the wearing of corsets in the case of cancer of the breast, by those who did not know that female mice frequently die of cancer of this organ; while climate and soil, too often advanced as causes, may be immediately dismissed from consideration, for cancer is relatively common in fishes.

It goes without saying that the bacteria should have been accused almost daily, but not one qualified observer has ever succeeded in verifying the accusation though the search has been going on ever since the earliest days of bacteriology. Furthermore, there is no trustworthy evidence to show that cancer can be passed from one person to another after the manner in which the infectious diseases are disseminated, and no physician or nurse has ever been known to get cancer from a patient in this way, an important fact in view of their high

[1] This article will be followed by others on the medical and nursing aspects of the problem of cancer.

mortality from the demonstrably bacterial disease.

On the whole, there is probably no one single cause, but many causes, for it seems entirely reasonable to suppose that the agent responsible for a malignant tumor of the kidney in a baby is not that which sets up a cancer of the skin in a man of eighty years.

Of these causes we have gradually learned to recognize three as more or less significant; these are age, chronic irritation, and heredity. Cancer is not apt to occur until the second half of life, though every physician and every nurse should remember that it may, and does, afflict children, and should be constantly on the watch for it. As life advances the possibility of developing cancer becomes greater and greater, and in the higher age periods the disease is a very common cause of death.

But as all old people do not die of cancer, age cannot be the sole cause. Another one is chronic irritation, such as that associated with a rough decayed tooth or poorly fitting bridgework, and a prominent surgeon has gone so far as to say that he had never seen cancer in a clean mouth with well-kept teeth. While this has something of the nature of an epigram and therefore is perhaps not literally and invariably so, it nevertheless contains enough truth to make it the duty of us all to urge the hygiene of the mouth on every possible occasion. The relative immunity of women from cancer in this region has been ascribed in the past to their abstention in general from smoking and drinking, and they have kindly undertaken within recent years to show us whether this explanation was the right one. If so, we may expect the number of cases among women to equal ultimately that in the less charming half of the population, and many a student of cancer is watching the outcome of the experiment with the greatest interest.

As for the third cause, we do not actually know that heredity is operative in man. There can be but little question that it is so among laboratory animals, which can be bred in such a way as to increase any cancerous tendency present, but when we come to the human family we are not on such certain ground. The ladies have not yet offered to answer this question for us and still marry whom they will, regardless of good or bad cancer ancestry, so that any inclination to develop the disease is kept at about the same level by random mating. There may be a few unfortunate families with a concentrated cancer ancestry, as some recent investigations suggest, but the greatest caution is necessary in interpreting the statistics because the disease is so common that the frequent occurrence of a number of cases in one family is rather to be expected.

It is often asked whether or not cancer is increasing, and disquieting figures have been published from time to time indicating that it may be. Here again, however, judgment must be suspended for, by reason of the constantly increasing skill of our physicians, cancer is now being found where twenty years ago its presence would not even have been suspected; hence many cancers are undoubtedly being discovered, though whether more are developing is still a debatable question. On the other hand, while improved diagnosis results in the discovery of more cases, it ought to work in the opposite direction as well, eliminating some which might previously have been called cancer. As if this were not already complicated enough, there are still other factors to be considered. The mortality from the diseases of early life has been remarkably decreased in the past few decades, so

[illegible] now more people alive in the [illegible] than ever before; what [illegible], then, than that there [illegible] more cases of cancer? Finally, [illegible] certain internal organs are [illegible] the diagnosis is so extraordinarily [illegible] that even the best [illegible] our largest cities confess to [illegible] some ten per cent. As a result of all this, even the greatest authorities acknowledge that they do not know whether cancer is increasing or not, and the greater they are, the less they profess to know about it.

General Nature

WHATEVER its cause, a cancer consists of a group of cells that have embarked on a career of reckless and [illegible] growth. Many of the [illegible] cells of the adult body possess considerable power to increase, as, for example, those of a cut finger, which immediately commence to divide actively and continue to do so until the [illegible] has been made good. They may even grow more rapidly, in fact, than the cells of many cancers, but the point is that when their task has been accomplished the body orders them to stop growing in some way of which we still know nothing, and they obey. The cells of a cancer, on the contrary, [illegible] at the commands of the body and continue to proliferate as they please until they have brought about the death of the patient.

As the cancer gets larger and larger it [illegible] come into contact with a [illegible] vessel or lymph channel; when this happens the vessel wall is [illegible] and cancer cells are [illegible] in the blood or lymph [illegible] distributed throughout the body. When they come to a [illegible] of the vessel is [illegible] their passage, they [illegible] continuing to grow in [illegible], they give rise to the secondary tumors, or metastases, so justly feared by the surgeon. Or again, a cancer may come into contact with a nerve and cause pain, or reach a free surface like the skin or the cavity of the stomach and produce an ulcer which allows the entrance of bacteria with all that this implies.

It is the hemorrhage, pain, and infection produced by a cancer, to which serious interference with function is often added in the case of the digestive tract particularly, that cause the waxy pallor and loss of flesh and strength known as cachexia. This condition was formerly ascribed to some subtle poison secreted by the cancer cell, and was believed to be characteristic. Neither supposition is correct. Cachexia is not specific to cancer, neither does the growth secrete any poison so far as we are aware. Animals with transplanted cancers weighing more than they do themselves retain their appetite as well as the smooth glossy appearance of the fur that we associate with health. Not until the cancer ulcerates do they seem to be ill. Then however, a change sets in; the coat becomes matted and lusterless, the body weight begins to fall, and the animal soon becomes so obviously sick that it has to be killed. But it is the infection and hemorrhage in the ulcer that are responsible for this rapid decline, not any poisonous material elaborated by the cancer cell.

In its spread through the tissues the cancer advances cell by cell, and so it happens that when the surgeon comes to remove it he cannot see any definite boundary, for the margin is as ill-defined as the edge of a drop of water on a table cloth. What is he to do? If he cuts too widely he is almost sure to injure some important structure, yet if his incision does not go far enough he will leave behind some cells which, of course, he cannot see, but

which will soon become only too plainly visible in the shape of a recurrence. Often this is the end, so far as surgical treatment is concerned, for many recurrences are inoperable. In dealing with cancer, therefore, the surgeon needs the traditional lion's heart more than at any other time.

Symptoms

THE symptoms of cancer depend upon the part of the body attacked, for the disease in itself has no characteristics by which it can be infallibly recognized. If it involves the stomach the patient may seem at first to have a simple dyspepsia; in the uterus, unexpected bleeding is usually the first sign; in the larynx, persistent hoarseness, and so on. The important thing to remember is, that in its first stages cancer is a painless disease; so many women have delayed consultation with a physician because a lump noticed in the breast, being painless, was thought to be harmless, and have lost the chance of cure which early operation would have given!

This lack of intrinsic symptoms makes the diagnosis an anxious and difficult matter in some cases, and removal of a fragment of tissue for microscopic examination may be advisable if the location of the trouble allow. Even then, the nature of the disease may remain doubtful, for there is no characteristic microscopic appearance upon which the pathologist can safely rely and no specific stain which will pick out and identify the cancer cell. Each case is a problem in itself, and it may easily happen that two pathologists of equal repute will disagree as to the nature of a lesion which they have been asked to examine.

Fortunately, all this does not happen in the majority of cases, and most persons who place themselves in the hands of a competent surgeon the moment they notice a new swelling or an unexpected bleeding may reasonably hope for early decision, and prompt and complete operation if this should be necessary. Whether or not cure may be included in that hope depends upon how far the cancer has advanced before first attracting attention, but even in unfavorable cases there will almost always be some prolongation of life.

Treatment

THERE is no dietetic or hygienic treatment possessing the slightest value, no serum, salve, or vaccine that can arrest the progress of this relentless disease, no "soothing balmy oil" that will benefit anyone but him who sells it. The lead treatment is still in the experimental stage so that nothing very definite can be said about it at present; while it has performed some veritable miracles, it has failed more often than it has succeeded. Furthermore, it is not without danger even in experienced hands, and patients taking it require so much individual care that its employment is of necessity severely restricted.

In those deplorable cases where the disease has advanced so far that operation is no longer to be thought of, much may be hoped for in the way of alleviation from radiotherapy skilfully applied; pain may be lessened, a foul discharge stopped, and a bedridden patient returned to a life of comparative comfort and activity for a time. Death takes place ultimately from the cancer, however, unless some intercurrent disease closes the scene prematurely.

In a few fortunate instances, such as cancer of the cervix uteri or certain cancers of the skin, radiotherapy may even effect a cure, but it is the general

belief that the most radical operation possible, at the earliest moment, and by the best surgeon available, offers the greatest chance of permanent cure in all other varieties of the disease.

Experimental Cancer Research

THE surgeon is in the position of the little Dutch boy who stopped a hole in the dike with his finger until help arrived, to prevent inrush of the sea; he is doing the best that he can against tremendous odds. What is really needed is some agent which, when injected under the skin or into the blood stream, will seek out and destroy the cancer cell as unerringly as antitoxin abolishes the poison of diphtheria. The chances of finding this ideal cure were considerably increased when it was discovered, some thirty-five years ago, that the cancers of animals can be transplanted. This gave to the pathologist a wide field for experiment, since in order to obtain cancer-bearing animals it was now necessary merely to obtain one that had developed a cancer spontaneously, just as the human patient does, and then to remove this tumor and transplant small bits of it under the skin of as many others as were desired, provided only that they were of the same species. That is to say, a mouse cancer can be grown only in mice, a rat cancer in rats, and so on. The white mouse and white rat are most widely used because they are relatively cheap and can be easily handled and stored on account of their small size, though the guinea-pig, rabbit, and dog have all been used for special purposes.

As a result of this discovery, experiments were undertaken such as could not otherwise have been carried out on human patients. The effects of dangerous drugs, of extensive hemorrhage, of drastic reduction in diet, of different gases and variations in atmospheric pressure, of removing one or another organ, of pregnancy under controlled conditions, of acidosis or alkalosis, of experimental diabetes, and of massive x-ray dosage, to mention but a few of the possibilities, were investigated, and our knowledge of cancer began to attain an exactitude such as it never reached after centuries of observation in man. One who wished to be cynical might say that we know of more things that will not kill the cancer cell than we ever knew before. But this is the wrong attitude. It is often necessary in science to make a preliminary survey, the object of which is to show the most favorable side of a problem for attack. In the case of cancer this survey is still going on, and even though none of the agents just listed has turned out to be the long-sought cure the experiments have at least shown where not to look and the field has been to that extent cleared.

It was realised from the first, of course, that transplanted cancers were not quite the same thing as spontaneous cancers arising from the very cells of an animal itself, for a transplanted cancer is composed of the cells of one animal growing in the body of another; yet they were the nearest approach to spontaneous cancer that the pathologist had at the time, and he continued to make the most of them. Meanwhile the attempt was accordingly continued to produce cancer from an animal's own cells, by chronic irritation, an experiment which had been suggested by clinical observation and which had been under way since some time toward the close of the past century. After years of failure success finally came, in Denmark first, then in Japan and the United States, for it was found that the presence of certain parasitic worms, or months of painting with tar, would cause the development of cancer. This marked another

great step forward, since a second series of inquiries could now be instituted in respect to which the transplanted cancer could not have been expected to furnish any information. Thus, the length of time required to produce cancer became a matter for experimental examination, while the influence of age was for the first time open to exact inquiry. In the latter case, the totally unexpected result emerged that young animals were just as susceptible to irritation as old ones; hence it could not be true, as had formerly been believed, that old tissues are more prone to become cancerous than young ones, and the question is now being asked whether cancer is commoner in elderly people merely because a long life gives more opportunity for the effects of chronic irritation to become manifest.

The value of these irritation experiments in animals is shown by the close parallel which exists between their results and the effect of certain irritants in man. Most of those who worked with the x-ray before the disastrous influence of long-continued unfiltered radiation was suspected have died of cancer of the hands; those who manufacture aniline dyes often develop cancer of the bladder; while workers with tar and similar substances frequently get cancer of the skin. There elapses in these cases an interval of some ten to fifteen years, on the whole, between the beginning of the irritation and the appearance of the cancer, or something like one-fifth of the threescore years and ten allotted by the Scriptures, and it is a matter of considerable interest that about the same proportion of their life span is required to produce cancer in the laboratory animals so far examined. The mouse lives about two years, the rabbit about five, and in them the necessary intervals are in the neighborhood of six months and one year respectively. It must not be thought that this rule is anything more than a rough approximation, for it has many exceptions; nevertheless, it is encouraging to see these similarities, since they lead to the hope that the findings of the laboratory will not prove to be entirely inapplicable to man.

Both clinical observation and laboratory experiment agree, therefore, in suggesting that irritation is in some way closely connected with the inception of cancer, and that a considerable interval of time has to elapse, in most cases, between the first application of the irritant and the appearance of the cancer. Chronic irritation cannot be the sole cause, however, for it does not inevitably terminate in cancer, neither is it by any means possible to show that every cancer has been caused by chronic irritation. The matter is not so simple as that, for other factors seem to be involved; how many we cannot even guess. One of them may be an hereditary tendency to develop cancer, as has already been suggested, while it is not beyond the bounds of possibility that there also exists an hereditary tendency not to develop cancer. Nobody knows, but it is an interesting pastime for an idle hour to speculate on the strength or duration of irritation necessary to override the latter, assuming that there is such a protective predisposition at all.

Much as we may hope to learn by the production of cancer in the laboratory, the duty of the physician is not to make cancers, after all, but to cure them. It looked for a time as though the goal might be in sight when it was found that transplanted cancers frequently disappeared even after having reached a large size, and that animals in which this had occurred were then more or less immune to further inoculation. Antibodies like those associated

with the infectious diseases were diligently sought for in these resistant animals, and their serum was injected into cancer-bearing mice in the hope that it might have curative properties, but all in vain. No antibodies could be demonstrated in the test-tube, and the serum of immune animals turned out to be inert so far as any healing effect was concerned. It must therefore be confessed that the brilliant victories of the bacteriologist have not been repeated in this other field, nor is there any sign at present that they will be, though the problem has by no means been abandoned. Such, in brief, is the situation by which we are faced today. A few questions have been answered, but many more have not, yet the very fact that cancer research is no longer an observational science like astronomy, but has become an experimental science like chemistry, is of itself encouraging. So long as the ideal cure remains undiscovered we must continue to depend on the surgeon, who has already done so much and who could do even more if his cases were only brought to him at an earlier stage of the disease. It is the duty of the general practitioner and of the nurse to see that they are.

The White House Conference

BECAUSE President Hoover was so outstandingly forceful in the study and improvement of children's needs abroad, it was not surprising that shortly after becoming Chief Executive he should set in motion a study to take stock of the resources in this country for the health and protection of children. As he expressed himself at the preliminary meeting of the committee which he called together in July, "The greatest asset of a race is its children, that their bodies be strengthened and developed to prepare them to receive the heritage which each generation must bequeath to the next." The President announced that he would call a White House Conference on Child Health and Protection, but that the Conference would not assemble for nine months or a year in order that there might be time for a [illegible] study of the resources now [illegible] the study of all phases of [illegible] and the work of the [illegible] both in the voluntary and [illegible] fields. The work of the Conference is under the direction of Dr. Ray Lyman Wilbur, Secretary of the Interior. The objective has been outlined as follows:

To study the present status of the health and well-being of the children of the United States, to report what is being done for their health and protection, to recommend what should be done and how to do it.

The plan as adopted provides for four general sections:

1. Medical Service.
2. Public Health Service and Administration.
3. Education and Training.
4. The Handicapped: Prevention, Maintenance, Protection.

Each section is further subdivided. For example, the section on Medical Service, which is under the chairmanship of Samuel McC. Hamill, M.D., of Philadelphia, has three committees: Growth and Development, of which Kenneth D. Blackfan, M.D., Boston, is chairman; Prenatal and Maternal Care, with Fred Lyman Adair, M.D., Chicago, as chairman; and Medical Care for Children, of

which Philip Van Ingen, M.D., New York, is chairman. The sub-committees on Medical Care for Children are: Psychology and Psychiatry, Orthopedics and Body Mechanics, Dentistry and Oral Hygiene, *Nursing*, Medical Social Service, Nutritional Activities. The membership of the sub-committee on Nursing consists of S. Lillian Clayton, President of the American Nurses' Association, Chairman; Edna L. Foley, Chicago; Susan C. Francis, Philadelphia; Stella Goostray, Boston; Lucy Minnigerode, Washington; Helen Chesley Peck, Minneapolis; Winifred Rand, Detroit; Katharine Tucker, New York.

For the purpose of this study this Committee on Nursing has defined as the functions of the nurse in child health and protection:

(a) To care for sick children.
(b) To protect the health of children.
(c) To disseminate information concerning child health.

It will study how the nurse functions in the hospital, in the clinic, in the home, in the community as a public health nurse, and the demand for nurses with special pediatric training. This necessitates, of course, a study of the nurse's preparation for these functions in the basic course in schools of nursing both in theory and practice, and the facilities available for postgraduate work. Questionnaires will be sent to state boards of registration, selected schools of nursing, public health nursing agencies, directors of postgraduate courses in public health nursing, and official registries. Such pertinent data as is already in possession of the national nursing organizations and the Grading Committee will be utilized.

There are a number of nurses also who are members of the Committee on Prenatal and Maternal Care as well as some of the other committees.

In addition Dr. Van Ingen has appointed groups to study special phases of his committee's work. He is defining these as groups rather than sub-committees. The list follows:

Plan and Scope.
Questionnaire and Statistics.
Education (Pediatric).
Private Practice (Pediatric).
Hospitals and Dispensaries.
Convalescent Homes and Care.
Health Centers.
Health Promotion Agencies.
Medical Service for Private Day and Boarding Schools (Joint Committee with Sub-Committee on School Child, Section III).
Prenatal Subjects (Joint Committee with Committee on Prenatal and Maternal Care, Section I).

Cancer Deaths Are Increasing

DURING the years 1900–1927, the deaths from cancer in the registration area of the United States increased from 63 per 100,000 population to 96 per 100,000, a rise of more than 50 per cent. This rise in cancer deaths was practically steady, the slight drops occurring in 1906, 1911, 1918 and 1919 not being sufficiently marked to be significant, and it was greater in the past five years. The increase was due, in part at least, to more accurate statistics, to more careful diagnosis as the result of education of both public and of physicians, and to the fact that the average age of the population is also rising. The result of all these factors was that in 1927, deaths from cancer were outnumbered only by those from heart disease.

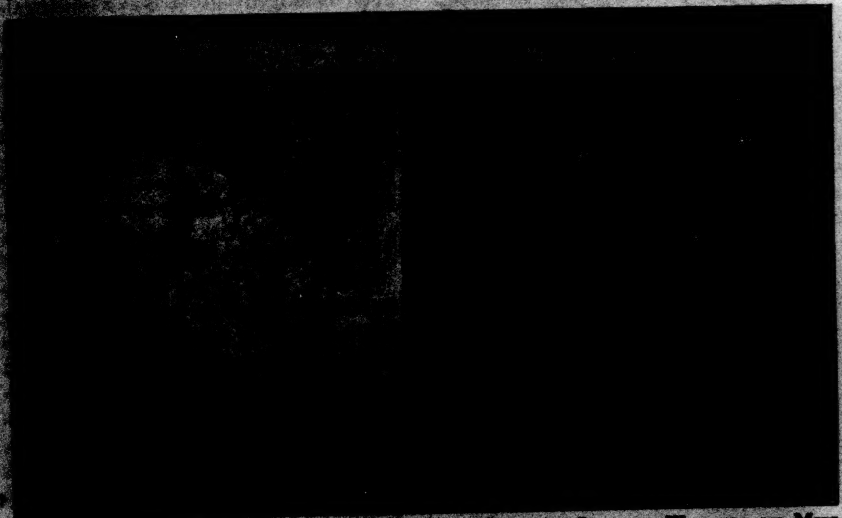
It must be remembered that these statistics cover only the mortality from cancer. As cancer is not a reportable disease there is no accurate way of computing the number of cases which occur, and which are successfully treated. The patient who has been through a successful operation for cancer does not wish it to be known, but every surgeon is aware that there are many such instances.

Were all the facts known there is no doubt that cancer would be found to be of much greater prevalence than is recognized at present. It would be evident also that by early discovery and prompt treatment its further development could in many cases be prevented.—From *Health News* of the New York State Department of Health, January 13, 1930.

Historical Collections

"History is philosophy teaching by examples."

THE recent and world-wide celebration of the eightieth birthday of Dr. William Henry Welch recalls the fact that last October there occurred at Johns Hopkins University



FRONTISPIECE AND TITLE PAGE OF A VOLUME OF ORIGINAL LETTERS WRITTEN BY MISS NIGHTINGALE

From the Historical Collection at the Johns Hopkins Hospital School of Nursing

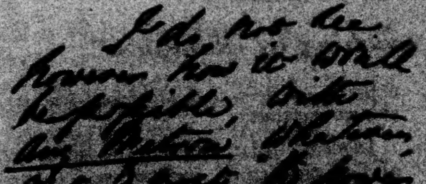
an event of much interest and significance in the medical world—the dedication of the Welch Library and the inauguration of the Department of the History of Medicine, the first of its kind in this country. The provision of a beautiful building to house the books and documents belonging to the medical school, with a generous income for its maintenance, are interesting—but the significance lies in the realization that to the present and future the past can bring that which

will broaden the cultural background of the workers in the medical sciences, and their investigative efforts, and help them in their task of training students to be physicians, teachers, and investigators.[1]

Interest in tracing out the influence of the past upon present and future events goes back somewhat farther in the field of nursing. More than thirty years ago Miss Nutting began at Johns Hopkins Hospital the gathering together of memorabilia in our own field which she later continued at Teachers College.

There is a valuable group of books in the Johns Hopkins Hospital collection and there are also a number of other objects, particularly those pertaining to Miss Nightingale, which are interesting to nurses because of their personal association with her. The volume of her letters which Dr.

[1] *Johns Hopkins Nurses' Alumnae Magazine*, November, 1929, p. 200.



Part of a Letter Written in 1901. From the Johns Hopkins Collection.

Howard Kelly gave to the school has not only great historical value but is a marvellous piece of book-binding. It is of blue leather stamped in gold and lined with crimson silk and the whole is enclosed in a case of red leather. The frontispiece is the charming portrait of Miss Nightingale shown on page 551. Each letter is attached to a separate page by a narrow hinge at its fold so that all of it may be read. An interested alumna has recently presented to the school another letter, also beautifully bound, part of which is shown here to illustrate Miss Nightingale's clear and vigorous handwriting, even so late as 1901.[2]

[2] See also Miss Nightingale's letters to Miss Elizabeth Robinson Scovil, facsimiles of which appear in the *Journal* for February, 1911.

The beginnings of an historical collection have been made at the University Clinics of the University of Chicago and include some correspondence between Miss Nightingale and John Stuart Mill and some early editions of Miss Nightingale's books.

The wheel chair shown on page 553 also belonged to Miss Nightingale and was evidently made at home by fastening the wheels and foot rest to an ordinary straight chair. The statuette above it was modelled by a sister of Sir Henry Bonham-Carter about 1860 and presented by him through Dr. D. C. Gilman, then President of Johns Hopkins University, to the hospital after having been exhibited at the World's Fair in Chicago in 1893.[3]

Those who were present at the thirtieth anniversary of the Nursing Education Department at Teachers College, Columbia University, last fall were fortunate in seeing the beautifully displayed and remarkable exhibit from the Adelaide Nutting Historical Collection. This collection has been gathered together through many years by Miss Nutting, with the help of other members of the departmental and library staff as well as of friends of the Department who have become interested. An alcove room is set aside for it on the fifth floor of the College library and in it are many rare original documents, letters, books, and other materials dealing with the history of hospitals, medicine, religion, charity, women's work, and those fields so closely related to the history of nursing.

The collection is probably richest in material about Miss Nightingale. The several editions of *Notes on Nursing*, an English edition of 1860, two American editions of the same year—one bound in paper at twenty-five

[3] History of Nursing, Nutting and Dock, Vol. II.

[illegible] a copy, the other in cloth—to-[illegible] the French edition of 1862 ([illegible]oduction to this edition is by [illegible] than Guizot, the historian), [illegible] the widespread interest in [illegible] book which nurses still love [illegible] and which will never become out of date, because it states not rules and [illegible] but the philosophy of [illegible]. The comment of the *Lancet* on it in 1860 is illuminating:

> [illegible] is a very remarkable book. If it [illegible] half the good which it ought to [illegible] Nightingale will have conferred [illegible] on her kind and have achieved [illegible] to their gratitude than any [illegible] of her time. It is pregnant with short, [illegible] thoughts tersely expressed [illegible] arranged. It is an interesting [illegible] physicians and surgeons, a homily [illegible], and a textbook for nurses.

[illegible] fascinating to read the story of the [illegible] through the huge volumes [illegible] with the investigation into the administration of the British army of that time. One, the *Report of the Select Committee on the Army before Sebastopol*, dated 1855, is an exhaustive inquiry into the state of affairs, in which many references to Miss Nightingale's work are found. But more interesting is her own *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army with Subsidiary Notes as to the Introduction of Female Nursing*. This [illegible] volume, privately printed by Miss Nightingale in 1858, and circulated by her where it would do the [illegible], is doubly interesting historically. The copy belonging to this collection was originally owned by [illegible] Rawlinson, whose name is [illegible] in it. This gentleman, a [illegible] of Miss Nightingale, was one of the commission of three sent [illegible] Crimea in response to her [illegible]. The book was written at the [illegible] of the Secretary of State for War, contains over 900 pages, and was written in six months' time during which Miss Nightingale, who wrote it, was ill!

There are many statements in it, expressed in Miss Nightingale's direct incisive style, such as the following which reveals the sorry state of affairs:

> For three months this army has not had the means of cleanliness either as to their persons or their clothing; and what the state of the men was on arriving at Scutari, let those who saw it testify.

No part of the subject of army hospital administration is left untouched, from washing, and canteens, to the education, employment, and promotion of medical officers. It is not generally known that Miss Nightingale

This [illegible] Nightingale. The [illegible] was presented to the hospital by Sir Henry Bonham-Carter, whose sister made it. From the Historical Collection at the Johns Hopkins Hospital School of Nursing.

was an eminent statistician. Yet one of the most valuable evidences of her work in this book is a graph invented by her showing the decline in death rate in the British army in the Crimea from 427 deaths per thousand in February, 1855, before the advent of the nurses, to 22 per thousand in September of the same year, after their coming.

Another volume dealing with this same problem and belonging to the Adelaide Nutting Historical Collection is Miss Nightingale's *Notes on Hospitals*, being two papers read before the National Association for the Promotion of Social Science in Liverpool in 1858. It is truly a textbook on hospital administration and includes her methods of compiling statistics as well as the principles of administration in which she quickly puts her finger on the source of much of the trouble:

> A far more serious question however than the want of doors . . . is the non-organization of a system of hospital government. For the chain of departments which now constitutes that system cannot be called a hospital government at all.

In this day when new hospitals are being built almost weekly the following excerpt is interesting. It is taken from a reprint of the plans for the development of the school for nurses which was established by Miss Nightingale at St. Thomas's Hospital:

> Every employer of labor is bound to provide for the health of the workers. And any society which professes to provide for the sick, and so provides for them that the lives of nurses and of medical officers have to be sacrificed in the discharge of this duty gives sufficient proof that its providing for the care of the sick is not its calling.

And again:

> It has been proved by experience that the efficiency of nursing is to a considerable extent dependent on hospital construction and on the kind of accommodation provided for this nursing service.

One wonders how one person could have mastered so many subjects in so short a time. For there is a volume dated 1871, called *Notes on Lying-in Institutions*, which deals exhaustively with the death-rate, and its causes, the influence of construction on the management of these institutions, and includes plans showing the number of beds per ward, light and air per patient, types of construction, and so on.

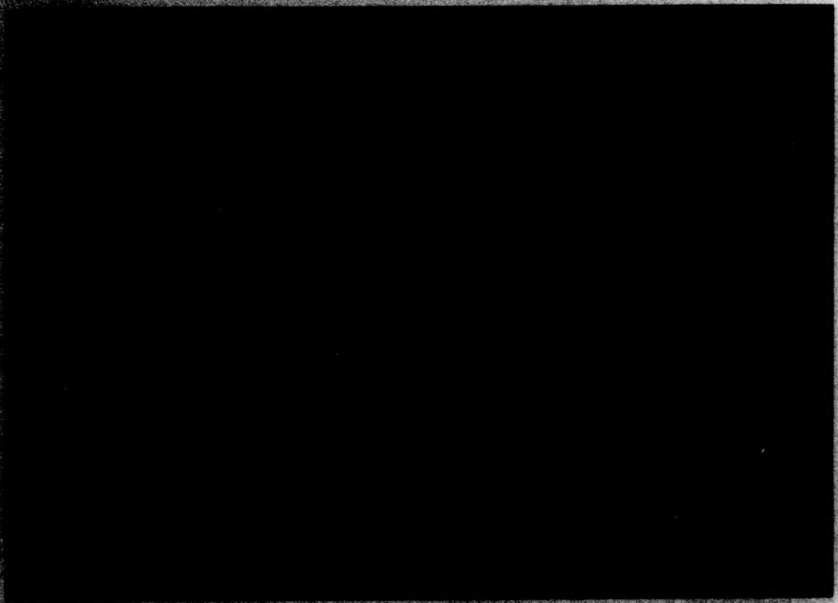
In Quain's *Dictionary of Medicine* of 1899 her articles on "Nursing," which include both the training of nurses and nursing of the sick, cover practically all of the principles which we are trying to follow today. In discussing what makes a good training school she insists upon

> authority and discipline over all the women of a trained lady superintendent . . . who is herself the best nurse in the hospital.

This principle, that the control of nurses should be in the hands of a woman who was herself a nurse, was considered fundamental by Miss Nightingale. It is interesting that in the letter shown here from the collection at Johns Hopkins, she should have again referred to it when she says:

> I do not see however how it would be possible, with any *Matron* whatever, not to vest "the power of instant dismissal" with her alone. If the Nurse can appeal to any one else, there is an end of all discipline. It is a power I have contended for *always* for all Hospital Matrons—and given it to the Military Superintendent of Nurses.

The Adelaide Nutting Historical Collection contains many books about Miss Nightingale, including all the biographies of any consequence. There are also the lives and letters of Lord Herbert with whom she was associated, and of Lord Panmure. One of the most valuable parts of the



PORTRAITS AND MEMORIALS TO MISS NIGHTINGALE
From the Adelaide Nutting Historical Collection, Teachers College, Columbia University, New York

collection is the group of original letters and photostat copies of letters written by Miss Nightingale.

The collection of material concerning the years preceding Miss Nightingale is distinguished by the works of John Howard, also a statistician as well as a pioneer in prison reform. And of the period before that, there is a mass of literature about the old English hospitals—St. Thomas's, St. Bartholomew's, and others—and about the early French nursing orders and hospitals.

Some very valuable contributions have been made to this collection recently as a result of the interest which it has aroused in others. Among these are the fascinating original documents which Dr. David Eugene Smith, mathematician and bibliophile, searched out in France. They deal with the foundation, government, finance, and conditions in some of the early French hospitals.

One of the most interesting of these is an original Papal Bull of Gregory XV, dated 1621, which grants plenary indulgence and remission of sins to those of the Hospital of St. Francis at Melun, France. Another, dated 1685, relates to the early history of the Hôtel Dieu of the city of Auxerre. It gives the sources of revenue of the hospital and the sums expended up to 1685 and closes with notes concerning the receipt and housing of children. Still another, dated 1707, is a letter from the surgeon major of the Royal Military Hospital telling of the case of a wounded soldier. It is particularly interesting because it reports the complications of the case, the diagnosis, and plan for treatment. Even

questionnaires were not unknown in that day. [illegible] with the [illegible], relating to the history, [illegible] of the [illegible] du [illegible].

[illegible] of this collection [illegible] the [illegible] of [illegible] given by Dr. [illegible] It has to do with the hospital at Cologne, city of [illegible], and is dated May 11, [illegible] King [illegible] from [illegible] to [illegible] and [illegible] by the [illegible] Prince. The document records the donation to a hospital at Cologne by [illegible] and [illegible], [illegible] of the city and wardens of the hospital.

The Adelaide Nutting Historical Collection has also full files of almost all the nursing journals of all countries. For, as Miss Nutting has said,

> Let no one ignore the journals of a country. The first faltering steps toward organization, legislation, and education, are always found in a little sheet or journal—something in which the nurses' problems are set forth.

Collections such as these are not merely groups of museum pieces. They are to be used to enable nurses to go back through history to study the conditions under which certain things were accomplished. And not only do we need to gather these materials from the past but also do we need to accumulate in every place materials from our own times which will reveal those times for the future.

[Note.—[illegible] Adelaide Nutting Historical Collection [illegible] history of nursing [illegible] go to the Adelaide Nutting Historical Fund.]

The Chalmers Portrait of Miss Nightingale

C[illegible] portrait of Miss [illegible] in the [illegible] Pittsburgh [illegible] November, [illegible] the State Headquarters of the Pennsylvania Graduate Nurses' Association, [illegible] North Third Street, Harrisburg, Pa., as follows:

	Price List	Each
A-1	Photograph [illegible]	$7.00
A-2	8 x 10 [illegible], [illegible] black and white, [illegible]	2.00
A-3	8 x 10 [illegible]	3.50
B-1	11 x 14 [illegible], unmounted	10.00
B-2	14 x 17 enlargement, unmounted	15.00
B-3	16 x 20 enlargement, unmounted	20.00

The [illegible] of the sale of these pictures [illegible] Association [illegible] Hospital to the [illegible] of the State Association.

International Hygiene Congresses

OVER [illegible] scientific associations have made their annual conventions converge in Dresden this summer. They will meet with the delegates of the League of Nations and [illegible] governments whose participation in the Dresden meeting has been [illegible] by legislative [illegible] delegates will meet there with the health authorities of the principal cities in the United States and Europe, [illegible] of every [illegible] and city in the German Reich.

[illegible] to Dresden [illegible] they will [illegible]

[illegible] to Dresden [illegible] they will [illegible]

[illegible] Avenue, New York City.

[illegible]onal Disturbances Accompanying Syphilis[1]

AUSTIN W. CHEEVER, M.D.

THROUGHOUT the field of medicine physicians frequently do as much, if not more, good by [illegible] their patients as by drugs and other forms of therapy. In no field, except that of the functional disturbances, is this as true as in the handling of patients with syphilis. At first thought one might feel that those with gonorrhea would be in the same class, but this is not the fact. The man in the street considers gonorrhea a rather trivial trouble, not realizing how far-reaching are its effects in the form of sterility and the vast number of operations required by women for gonorrheal tubes, but this same man has a dread, amounting in many cases to a veritable horror, of syphilis, about which he has a good many facts and much misinformation, all of which is of a nature to make him feel that it is, under all circumstances, an extremely serious disease.

The syphilologist must learn to understand people rapidly, in order to recognize not merely their expressed but often their concealed worries, and to a considerable extent anticipate their emotional reactions on being told that they have syphilis. There are some patients, to be sure, who apparently cannot be made to realize that the disease is in any way significant, but among private people such are very much in the minority. The experience of those taking care of syphilitics among the [illegible] is different, for a [illegible] percentage, perhaps [illegible] only take the problem [illegible] are willing to continue [illegible] the mere relief of [illegible].

In private practice there is less annoyance from patients being unwilling to continue treatment because of apathy; in clinics where there is not a kindly, sympathetic attitude toward the social service aspects, one finds that the number of visits per patient with syphilis averages far below the minimum required for cure. In clinics where the social worker is understandingly sympathetic, the average number of visits will rise gratifyingly. There always will be, of course, a certain number of hopelessly incorrigible patients. In private work this number is smaller as the intelligence average is very much higher.

Occasionally the attitude toward the problem by intelligent people is quite inexplicable. One case immediately comes to mind typifying this in a youth of some education who developed both gonorrhea and syphilis. He made three visits to the office, apparently realising his condition, and agreeing to the plan of treatment laid down. He then disappeared and returned for a fourth visit only on receipt of a letter reminding him of the state law in regard to reporting lapsed cases to the Board of Health. Further warnings and an appeal to save embarrassment to his mother, a Board of Health nurse, were of no avail and the case had to be turned over to the health authorities.

It is not unusual on telling a patient of this diagnosis to have him remark: "As long as I have that, I may as well take my life." Considering the misinformation of the average person concerning syphilis, this is probably a rather natural reaction, but with a little tact and patience it should be possible to explain away that feeling and to make the patient see that his

[1] [illegible] County Branch of [illegible] [illegible], Pittsburg[illegible], September [illegible]

horror of the disease is founded largely on superstition and tradition derived from the state of affairs many years ago when we did not have modern arsenicals and other efficient drugs, and when mercury was frequently pushed beyond the point of tolerance, causing mercury poisoning which was oftentimes as bad, sometimes worse, than the original ailment. From thousands of syphilitics seen in hospital clinics and private practice, I have known of only two cases of suicide directly attributable to the hearing of this diagnosis. I have known of a third case which occurred more than five years after treatment was started. During the whole of this time the patient was watched by a social worker of outstanding ability and kindliness who saw her personally at nearly every visit that she made to the hospital during the five-year period. However, she developed a steadily increasing feeling of uncleanness due to her trouble which was an absolutely innocent infection, having been incurred from her husband. She tried to expiate her "sin" by doing a great deal of volunteer social work and spent most of her time hunting for opportunities to do kindnesses. In spite of this self-imposed penance she continued to feel an increase of imagined guilt until finally, fully convinced that the world would be better without such an one, she took her life.

Much patience must be used in explaining the miraculous improvement in treatment during the last few years, which has made possible complete clinical cure of early cases and has greatly improved the condition of those in later stages, many of whom in olden days would have found even relief impossible. It may add to the peace of mind of the sufferer to be told that a larger percentage of the population than he is aware of is under treatment for syphilis and shows no evidence whatever that will publicly disclose the fact. It should be possible to make him realize the truth, which he does not suspect, that one or more, possibly several, of his associates and even friends are under treatment and are going on with their occupations, in most cases happily and well, sensibly leaving their worries to the physician.

At times the emotional disturbance takes the form of unwillingness to marry, or if married, to have children, despite any and every explanation and reassurance that can be offered. This form is well illustrated by a young girl whose lip lesion was immediately recognized as a primary syphilitic lesion by a doctor in the hospital where she was employed. The infection was easily traced to her fiancé. She was isolated, of course, until the lesion healed and was then sent back to her regular duties in the dining room. Instead of being encouraged by the fact that none of the doctors objected to being served by her, because they knew, of course, that a syphilitic under treatment is not dangerous, she found the ordeal of being with those who knew about her infection too great, for due to her fund of misinformation, although kissing her fiancé was her greatest indiscretion, she felt herself unclean, degraded, and even immoral, to a degree which prohibited her mingling with people. In an attempt to convince her that she was in no way dangerous to the health of others, one of the doctors took her into his home as a nursemaid for his infant son. This helped for a time only, and she later sought an office position, insisting that it be where she would see only women, fearing the possibility of meeting a man for whom she might care since her mind was irrevocably made

up never to marry under any circumstances. In the period of nearly ten years during which she has been under treatment and observation, it has been impossible to change her conviction in the slightest.

In the following instance the obsession took another form. Its victim was a very young girl from one of the early Colonial families in whose nature was a conflict of puritanical background with considerable artistic ability and temperament, as well as a strong element of coarseness inherited from her mother. She contracted gonorrhea and syphilis and was kept under treatment for a long time by an understanding social worker upon whose resignation the patient's attendance became very irregular and soon ceased altogether, regardless of the efforts of later social workers. About two years later the patient was heard from in a distant city inquiring where she could obtain proper attention, for she was now genuinely interested in her health since she had become engaged to a young man who was especially anxious for children. She has continued treatment and observation satisfactorily since that time. Gradually, however, a conviction has developed in her mind that she must not marry because the gonorrhea had probably sealed the tubes and would prevent pregnancy. Though she was assured by several especially competent men in that city and by two who had the early care of her that there was nothing in her history to suggest tubal involvement, she was unconvinced and begged them to do tests of the patency of the tubes, a request long refused as no sensible ground was considered to exist for a test of such a nature. Even the satisfactory performance of this test failed to reassure her. Every effort was made to show her that she had no less reason to expect pregnancy under proper conditions than would any young woman entering marriage. In desperation, feeling that it would be unfair to her fiancé to marry with this doubt concerning sterility in her mind, she devised a test which seemed to her logical and conclusive. She attempted to become pregnant with a partner who was a father and upon the failure of this test, carried out under very great emotional stress, she insisted on breaking her engagement.

Sometimes instead of a fear of not being able to have children, there is a fear of passing on the disease to the offspring. Such was the distress of a very able, apparently well-balanced girl, whose husband brought syphilis into the family after the birth of their third child. She was immediately put under intensive treatment which she carried through conscientiously. After about two years of medical care she became pregnant for the fourth time and no amount of explanations or pleadings by the doctor or social service workers prevented her from having an abortion performed in order to avoid the tragedy, as she felt, of passing on the "dread" disease. She was always willing to take our advice except in this one particular instance.

A more fortunate outcome was reached in the case of another young mother who discovered her own syphilis when her first infant developed hemiplegia. She and the baby were both put on treatment which was carried out as regularly and as well as could be expected under very trying circumstances at home. When the child had not yet recovered the full use of one side of the body (at about three years of age), the mother became pregnant again, and fearing to bear another crippled child she begged and pleaded for abortion, honestly believing that syphilis in

herself was a proper indication. Much patience was expended in repeating encouragement and reassurance, based on the experience of all who have studied congenital syphilis and syphilitic pregnancies, even to detailed discussion of actual statistics. Though not wholly convinced, she consented to go through the pregnancy. The child was, of course, born well and healthy, and the relief was so great that she has gone out of her way to urge another mother with a similar history to venture on a second pregnancy with careful antisyphilitic treatment in order to have the satisfaction that comes with the bearing of a perfect baby. Though her having convinced herself of her ability to have a well child, she has doubtless saved herself some serious mental disturbance which her fear of bearing diseased children might later develop.

When the diagnosis of syphilis is given to a married person there is often a very natural, but terrible, fear that the mate will not understand and that a divorce is imminent, even when, as not infrequently happens, the disease was contracted before marriage, or in the case of divorced or widowed persons from a former mate. It is a tribute to the present-day understanding to note how seldom such ruptures occur. One of the most pathetic cases of this sort came through my office not long ago. A woman who had been given syphilis by her first husband, and had borne a baby which after a small amount of treatment was pronounced perfectly well, was married fifteen years later without revealing this incident of her life. When her son was of college age, he developed a very severe interstitial keratitis, and blood tests on mother and son were positive. When the diagnosis was explained to her and she was assured that she was in no danger of infecting her husband, she attempted to carry treatment through in secret. However, her husband was sufficiently interested to make inquiries as to the cause of interstitial keratitis and soon reasoned out the matter, saying nothing to her, thinking to save her embarrassment. The situation continued, the wife fearing immediate expulsion from the family should her husband learn the diagnosis, and the husband, knowing the truth, avoiding the subject lest he hurt her feelings. Eventually the opportunity came to explain tactfully to the woman the fact that her husband had full knowledge and perfect understanding and was ready to share the burden.

Not unlike this case was the experience of another young woman who contracted syphilis before marriage and did not divulge the fact to her husband. When she developed a gumma of the septum of the nose and was told the cause, she became terrified, pacing the office and making all plans for getting her personal effects packed up and out of the house before her husband returned, for she imagined that it meant separation and divorce as soon as he learned the truth. She was not allowed to leave the office until she had composed herself and promised to let the physician explain the diagnosis to the husband. When the man was interviewed the next day, he stated that he had heard before their marriage rumors of one sort and another, but he had never mentioned them to his wife as he never had occasion to doubt her faithfulness since he had married her. His only regret was that he had not said something long before to let her know that he had complete confidence in her and thus have saved her suffering.

Of abject fear of personal opinion

[illegible] striking example I ever wit- [illegible] that of a man who, in hav- [illegible] appointment made with me for [illegible], specified to his family [illegible] his name was under no [illegible] to be given, nor any [illegible] might establish his identity. [illegible] to the office holding his hat [illegible] lower part of his face and [illegible] all over like the proverbial [illegible] was unable to express him- [illegible]ly, and the facts of the [illegible] be obtained only from [illegible] who accompanied him. [illegible] unquestionably had syphilis [illegible] thirty years before, and had [illegible] treatment. The mat- [illegible] apparently gone from his [illegible] until an associate of [illegible] a fulminating type of [illegible] and was sent to an [illegible] for the insane. Although [illegible]tion as was possible on a [illegible] in his condition showed no [illegible] syphilis, his nerv- [illegible] in spite of all the [illegible] that could be given him, and [illegible] that his family or friends [illegible] know of his having had the [illegible] thirty years before was so [illegible] that he refused to come again to [illegible], made his family physician [illegible] that he would never speak to [illegible] at medical meetings lest [illegible] might suspect that he was [illegible] of conversation; he begged [illegible] not to send me a letter [illegible] that section of the city, [illegible] agree, if I were ever in [illegible] business whatever, not [illegible] in the vicinity of his [illegible] office. Though I have [illegible] his name or address, [illegible] it was easy to see [illegible] a man once able to [illegible], but now become [illegible] old man nearly help- [illegible]

[illegible] by and large, the [illegible] greatest suffering caused by syphilis is that borne by a father whose children have inherited the disease through his early indiscretions; occasionally it is the mother who has to see the results of her missteps. One family in particular has interested me because the father, a man of very considerable ability, had married beneath him but had managed to get on fairly well with his wife until the oldest daughter developed evidence of congenital syphilis, and then the tension between the parents became great. For a number of years he endured persecution uncomplainingly because he felt it was his just punishment for what he had allowed to happen. The mental agony which that man went through in watching his particularly lovely daughter make a rather protracted convalescence from interstitial keratitis was pathetic. Fortunately the girl came through it without the slightest scar of the disease.

In another family the diagnosis was first made when the oldest child was about eight and showed the characteristic inflammation of the knees and nocturnal bone pains of congenital syphilis. It was naturally assumed that it was the father's responsibility, but careful inquiry and repeated tests ruled that out. When the mother's test was positive, the husband asked that no inquiry be made into her past, saying that if there were any facts which she wished to conceal they should be allowed to be her secret, for since her marriage she had been a perfect wife. He expressed sorrow for her and for the children, and has been even more considerate of her than before, if such were possible. No inquiry was ever made, nor has she ever volunteered any information, but she has always seemed to me to show the effect of a concealed emotional scar.

There is the other side of the picture,—the suffering of the congenital syphilitic when he learns for the first time the truth. A very great difficulty in these cases is caused by the usual attitude of the parents of very young children that they shall not be told what the situation is. This is, of course, right and proper while they are still young, but as they grow older the parents find it increasingly difficult to tell the facts themselves or to allow the physician to do so, until the young person reasons the matter out by piecing together odd bits of information and suddenly realizes the truth without any understanding person being present to give sympathetic help. The child interprets the affliction as a grave injustice on the part of the parents and they may lose his confidence, whereas the explanation could have been made little by little by the physician of understanding, if the parents had allowed this to be done, so that the full realization could have been reached gradually and without sense of personal injury and consequent loss of respect. Some of these children who realize the situation with severe shock may be unable to adjust themselves so as to be willing ever to marry or even to be at ease among people, feeling that everybody who looks at them can see that nearly invisible corneal scar or will notice the slight abnormality of the teeth of which only carefully trained eyes are aware. To those whose teeth are markedly of the typical, notched, Hutchinsonian type, the method of crowning over a vital tooth that is now possible will often make an enormous difference in the patient's outlook on life.

All too often there is emotional reaction among young people, especially girls, who have had accidental infection with syphilis from contact with members of the family. One such instance came under my care. A young girl contracted a chancre from kissing her own mother who had recently acquired the disease and whose mouth was, consequently, in an extremely infectious condition. This girl had a feeling of great injustice in that she should be afflicted under such circumstances. There followed a period of "nothing-now-matters" attitude, and a final lesson in the form of acquired gonorrhea and a pregnancy which brought her to her senses and a proper balance.

It generally happens that with attention to the emotional side of the problem many of these people can be brought back, but not without very great effort, to a nearly normal state and frequently they go on through the rest of their days with relatively little emotional disturbance. In fact, from the shock of realization have many times developed qualities which very likely would have remained dormant otherwise.

Sex Instruction

RETICENCE without secrecy would seem to be the desirable objective. . . . It is the mother's responsibility to know where children are and what they are doing. Especially she should know what sort of companions they habitually associate with. This [illegible] a system of espionage, it [illegible] watchful supervision on the parents' part, as little obvious as possible to the child. No amount of [illegible] can guarantee a child's behavior. [illegible] parents can do [illegible] they have [illegible] in the way of [illegible] to the child. [illegible] a tendency to believe [illegible] atmosphere in which [illegible] type of [illegible] behavior [illegible] built up.—From "Parents and the [illegible] Child," pp. 157 and 1[illegible], William E. Blatz. Publisher: Morrow & Co.

How To Write Articles for the Nursing Journals

DONALD LEMEN CLARK

EVERY one who reads these lines knows some one thing that no one else knows, or has had some experience not exactly duplicated by anyone else. It may be a very small thing. The experience may not seem of any importance at all. On the other hand, it may be of the greatest importance and of the greatest interest to many other people. Or again this unique body of knowledge may be of no intrinsic value or interest to one section of the public and still be of the highest significance to others.

Every nurse is the possessor of such information. Her richest store of knowledge doubtless grows out of her professional activities—out of what she has seen and done while caring for the sick in the hospital and in the home. It is because she possesses this knowledge that the nurse should write—not plays, poems, and novels necessarily—but articles.

I just said, "The nurse should write." I said it advisedly. I have met and talked with, and tried to teach, so many would-be writers who "want to write" instead of having something to say that I am always delighted when a professional man or woman presents himself to me as a student. The nurse, like members of the other professions, approaches the writing of informative prose in a far [illegible] spirit than does the dilettante who [illegible] to be a writer because he wishes to appear among the literary [illegible] he wishes to register [illegible]. Consequently I say [illegible]. She really [illegible] to communicate to other [illegible] is to the advantage of the [illegible] write in order [illegible], knowledge, and [illegible] added to the general store.

Because I do believe that nurses have something valuable to communicate, I listened sympathetically to the editors of the *American Journal of Nursing* when they asked me to write this article. Like the editors I had learned from years of experience that professional men and women—nurses specifically—have a great deal to communicate, but have received no special training in the arts of communication. Their training has been of another sort. They have mastered the technics involved in caring for patients, but few have mastered the technics involved in the planning and writing of articles.

Any readers who have followed me thus far are consequently warned. They are embarked on a discussion of the whys and hows of article writing. I shall consequently assume that my readers know something—are masters of some body *of fact*—and are ready to embark on the venture of organizing this material for presentation to a reading public.

The nurse who writes articles, like any other technician or engineer, must first look over the ground, study her objectives, decide on her purpose before she considers ways and means of attaining this objective and establishing her purpose—which raises the question, "What is the objective of the writer of articles?" To which I answer dogmatically—Communication.

Now communication involves reaching other minds. It involves influencing other minds. Communication in prose involves managing words in sentences, sentences in paragraphs, and paragraphs in articles, in such a way that the reader perceives and understands and believes something

very similar to what the writer has in his own mind when he writes. The honest writer on scientific and professional subjects writes, not to expand his own ego, to express his soul, to escape from reality, but to communicate to his contemporaries his sense of the truth.

The first practical application of this principle to article writing is for the nurse who writes to decide whether she chooses to communicate her sense of the truth to the layman or to other members of her own profession. Does she wish to reach the mind of the reader of the local newspaper, of a popular five-cent weekly, of a high brow monthly, or of a nursing journal?

If she wishes to communicate to the layman, she must recognize that her problem is complicated by initial lack of interest on the part of her reader. If, however, the nurse writes for a journal circulating among readers who, like herself, are nurses, she can safely assume that these readers have some initial interest in what she has to say. When her reader is mentally or physically weary she may pick up a copy of the *Saturday Evening Post* or some other popular magazine. In these magazines she expects some entertainment—more entertainment than information. But when she looks into her copy of the *American Journal of Nursing* she is in a different frame of mind. If she is mentally awake, she looks for articles which promise to be of some value to her. She doesn't mind a little brightness now and then, but she resents as intrusions usually those stimulants to reading which she enjoys in the popular magazine. She wants no words wasted, but she wants full information. She wants the facts and she wants to be told what the facts mean. Then she is in a position to agree with the writer and add to her own competence by putting the writer's recommendations into practice, or if she is in possession of other facts which point toward a different conclusion, she is in a position to write an article of her own to call attention to these other facts.

Our writer has now made two important steps in the process of article writing. She has a body of facts to communicate and she has made up her mind what reading public she wishes to reach. Her third step is to make up her mind what she wants to say.

That last statement may sound odd. My readers who wish to be writers are likely to think that if they know some valuable facts and know to whom they wish to communicate these facts, then all they have to do is to go ahead and communicate them. Such a misapprehension is at the bottom of too many bad articles in all the professional journals. The writer of such articles has his facts—true and good as far as that goes—but the writer seems never to have asked himself, "What do these facts mean? What do they mean to me? What do I want them to mean to my readers?"

Frequently, however, the writer only seems not to have asked himself these questions. When I have read a writer's manuscript, time and again I have asked, "What have you really been trying to say in this article?" And time and again the writer has been able to tell me what he had in mind to say. But he had not said it. He had not really succeeded in communicating his sense of the truth to his readers. [illegible]

writers somehow do not realise that facts do not mean anything. I read, say, an article on nursing in Timbuctoo. I acquire so many facts. The number of nursing schools, the attitude of the native medicine men toward professional nurses, the social position of the nursing experts. But when I lay the article down, I say, "What of it? What has this to do with the American nurse today? What attitude is the reader to take toward these facts?" And in a medical journal I read, "Two Interesting Cases of Brain Abscess." Again I acquire a wealth of facts. I learn the symptoms manifested, the operations performed, and the situations of the unsuspected abscesses discovered post mortem. But I learn more than this. I perceive the writer's own sense of the truth. I learn what these facts mean. I am even able to formulate the meaning of the facts in some such way as this: "These two cases illustrate as a warning to the diagnosing physician that brain abscesses may exist even in the absence of all the symptoms usually associated with its incidence."

If the writer hopes, and she should so hope, that her reader will carry away such an understanding of the facts in her article, she must see to it that the article does really contain such a central idea. Before she even sets pencil to paper, the writer must mull over her facts until she has decided just what the facts mean to her. She should formulate the meaning of her facts in a declarative sentence. [illegible] formulation she can call her [illegible] or controlling purpose or [illegible] unifying idea. It should be [illegible] things.

[illegible] three steps taken, the [illegible] space. The writer [illegible] knows the reading [illegible] which she wants to communicate the facts, she knows in just what light the reading public is to be shown the facts. A fourth step must now be taken. The writer must plan her article.

Planning an article is not unlike planning a dietary. It involves three acts: First, the planner must make sure that she has included everything that goes into the article or dietary, and that she has excluded everything that should not go in. Second, the planner must group those items which go together. Third, she must decide on the order in which these groups must be taken. Like the planner of a dietary, the article planner must constantly bear in mind the needs of the recipient and she must decide what items go in the beginning of the article, the middle, and the end, just as the dietitian decides what the patient should eat until certain symptoms disappear, what he can eat next, and what he can eat during the next six months.

I assume that all my readers are aware that a dietary cannot safely be left to chance, that to give food to the patient "just as it occurs to one" is unadvised. I make this plea because I have known all too many amateur and occasional writers who write things down in any old order, "just as it came to me," and imagine the results an article.

Let me take up in the order of complexity, then, several typical problems of article planning. I notice that your editor would like to receive articles on such topics as "The Nursing of Five Patients with Pneumonia" and "How I Diverted Bored and Weary Patients." These topics would result in what are known as "How-to-do-it" articles. The author has done something, has had results from applying a process. The planning is simple. The writer will first see to it that the patients or cases

have something in common. They will all probably throw light on the solution of a problem of nursing or of administration or show the relationship, as did one recent article, of mental and physical ills.

The writer will then first announce that such-and-such presents a problem common and important enough to be worth solving. Then she will declare that her case throw some light on the solution of this problem and will tell the stories of her cases. Finally she will point out just what lesson is to be learned. I here subjoin a skeleton outline for problem and solution articles.

1. X presents a problem.
2. The problem is important.
3. Its solution presents difficulties.
4. The following solution has been offered.
5. But the suggested solution has the following drawbacks.
6. A better solution is Y.
7. The excellence of this solution is demonstrated by. . . .
8. We should support this solution.

It is obvious that our article on five patients with pneumonia might develop only sections 1, 2, 3, 6, and 7; or even 1, 6, and 7 of the outline. But every now and then a writer may deal with a complicated problem and solution situation which would require all eight steps of the suggested plan if it were to be discussed adequately.

A different sort of plan for an article grows out of a different sort of material and a different controlling purpose. Instead of answering the question, "How did you solve the problem?" the writer may be asked to answer the question, "What is it and what is it good for?" or "What is it and what is it composed of?" or "What is it and what are its causes, results, or cures?"

Answering the question "What is it?" always involves definition. Fortunately there is a technic, tried and tested for 2,500 years, for defining. This technic involves first placing the thing to be defined into an appropriate class or pigeonhole and then showing how it differs from other individuals in the same class or pigeonhole. For instance, I recently had to look up "encephalitis," because I did not know what it was and the writer of an article did not tell me. I learned that encephalitis is an inflammation (class of disorder) of the brain (thus different from other inflammations). Other authors were more kind to me. One told me that coryza is an infection (class), mild in nature, and caused by eight or ten organisms usually in some combination (thus different from diphtheria, for instance, which is not mild and is caused by only one organism).

However important it is to define, a definition is not a whole article. The next step is frequently the division or analysis of the subject into manageable units. A writer on coryza must first decide on the principle of her division. Is she going to write on the causes of coryza, the sequelae, the methods of treatment? Let her give an article to each and deal with one aspect at a time and deal with it thoroughly.

The writer of one recent article on Case Study wisely chose to limit her discussion to "The values of case study methods as used in schools of nursing." Other articles could effectively deal with other aspects of the whole subject, such as its history, its value in public health organizations, and its methods.

In this article the values of case study were analyzed as follows:

1. It helps the student nurse to consider her patient as an individual.

2. The student learns to use the findings of others.

3. She must learn to plan her study.

4. Nursing measures are understood in relation to definite conditions.

5. The student learns that she has a teaching function.

6. She begins to have a preventive and public health point of view.

7. She is led to see that each case presents a problem which she may help to solve.

8. It gives her an opportunity for self-criticism.

To test such an analysis for logical soundness requires a consideration of three questions:

1. Is the division based on a single principle? (In the foregoing analysis this means, "Are all these rightly to be considered as values?")

2. Is the division complete? (That is, "Are there no other values which might be considered?")

3. Do the divisions overlap? ("Is there any element in that section of the division numbered 3, for instance, which is also included under 2?" In a logical division there should be no overlapping.)

In the article I have just been analysing, the writer began by showing that the subject of case study was timely, she proceeded to show that it had a history, she next defined it, and continued by developing, paragraph by paragraph, the analysis of the values case study seemed to have in schools of nursing. This is sound procedure in the explanation of many subjects.

But when, asks the writer, do we begin writing? Your discussion has been going on and on, and I have written nothing on my own article! When do I begin?

I answer that the writer has not been ready to begin to write until she has thought, that the preliminary thinking that goes into article writing is really just as important as the writing itself, if not more so.

And now let me tell a story. Once a mother got worn out because her little girl chattered all the time. She said impatiently, "You talk too much. You should think before you speak." "But mama," replied the child, "how do I know what I think till I've said it?"

There is much truth in this little story. Many people are unable to systematise their thoughts until these thoughts are actually expressed. For such people a good procedure, though a time-consuming one, is to sit down and write out all that occurs as having a bearing on the subject. After the writer has a pile of manuscript without beginning or end, she can scissor it, paste it, torture it into an order, a sequence, until she finally has a finished product which is as logically sound and as smoothly progressive as if she had planned it all out before putting pencil to paper. Such a writer may protest that she just cannot use an outline. This protest is not, however, strictly accurate. The writer does her planning and makes her outlines after she has made a first draft, instead of before. The results may be quite the same, although the method of work may seem messy to the writer who, like the architect, plans first, and builds afterward.

The writer, then, if she has not yet written, is ready to write. What temptations should she resist? Two occur to me. The first temptation manfully to be resisted is the temptation to write Literature. Somehow or other many charming people, who speak intelligently, easily, clearly, envelop themselves in a sort of spiritual academic cap and gown when they sit down to put their words on paper. They feel that the occasion is one of great solemnity and that the proper thing is the assumption of the style of Pater, Macaulay, or Addison. This is a mistake. The occasion is serious, but not solemn. Let the writer value sincerity above pretentiousness. Let her writing rather

resemble her own speech—at its best.

The other temptation to be resisted is the opposite of the first. It is the temptation to be slovenly. It is akin to the temptation that besets some learned members of the profession who seem to say, "Because I know so very much and because I am so very important, it is really beneath me to attend meticulously to such matters as neatly combed hair and clean linen." When such people write, also, they transfer case records from their files to their manuscripts without editing. The crabbed style of filed data—omitted a's, an's, the's and even more necessary parts of speech—are inexcusable blemishes on the printed page. Let such people also endeavor to make their writing resemble their own speech—at its best.

If the writer, when she comes to look over her finished product, feels uncertain about the agreement of some of her subjects and predicates, or of her pronouns and their antecedents, she may find it worth while to review her grammar. If she is not quite certain as to the spelling of a word, let her thumb her desk dictionary, her bulky and inseparable writing companion. If she wishes to decide matters of usage in punctuation, capitalization, use of hyphens, and like conventions, let her keep on her desk a *Manual of Style*, published by the University of Chicago Press. If the writer wishes to go more intensively into this whole matter of writing articles for publication, excellent books are available.

As I reread what I have written, I begin to fear that I have made the whole process of article writing seem unduly difficult. I hope I have not. Even though the writing of an article, like other acts of creation, has its painful aspects, it also has its rewards. I hope my readers can enjoy these justly earned rewards. By all means *write that article*.

Nursing Schools in Mental Hospitals

ONE of the most significant changes in the personnel associated with mental hospitals has occurred in the nursing force. At the beginning of the Nineteenth Century the patient was under the immediate supervision of keepers of the lowest type, usually persons unable to obtain employment elsewhere. Later these individuals were replaced by "a corps of intelligent attendants, of kind disposition and good judgment." In [illegible] the modern era in nursing education began. At that time a training school was organized at the McLean Hospital, Waverley, Mass., by Edward Cowles. Four years later, through an affiliation with the Massachusetts General Hospital, credit for a complete nursing course was obtained on completion of the senior year at this hospital. This innovation met with such favor that ten years later there were no less than nineteen mental hospitals possessing "systematically organized and thoroughly equipped training schools for attendants."

In [illegible] the nursing schools in mental hospitals were standardized and a minimum course of instruction prescribed by the American Medico-Psychological Association. Since that time nursing schools have been organized in practically all of the large institutions in the United States and their graduates now occupy the most important positions in mental hospitals.

Occupational therapy has become an important part of the treatment employed in [illegible]

[illegible]

To Commemorate Service

A Memorial to Miss Delano and the Nurses Who Died in Service

ON March 19, a day of brilliant sunshine and filled with the promise of spring, a truly notable group, which included many nurses, met in Washington for the dedication of the handsome white marble building which commemorates the services and sacrifices of American women in the World War, and which is to be the Chapter House of the District of Columbia Chapter of the American Red Cross.

Each of its rooms, the many tablets on its wall, and the sixteen Ionic columns across the north, east, and west faces of the building are dedicated to individual women and to groups of women who served in the World War. Nursing is represented in the first column at the left as one mounts the steps leading to the north entrance of the building. It is inscribed "To Jane A. Delano and 296 Nurses Who Lost Their Lives in the War." The funds for it were given by the nurses of this country.

The service of dedication was simple and very brief and was planned with great regard for the fitness of things. Thus it was General Pershing who presented the building to President Hoover who received it for the Government. In his acceptance, the President named the groups of women whose services were being remembered, [illegible] and [illegible] that [illegible] building is to [illegible] be [illegible] the "Living [illegible] which [illegible] in the [illegible] to be.

[illegible] D. Fess, Chairman of the Joint Library Committee and a member of the Commission for the Memorial, spoke very briefly of the services of the Red Cross which he described as "the best example of constructive sympathy now operating—a merciful movement, voluntary in character, combining head, heart, and pocketbook in the relief of human distress."

Before the audience withdrew from the hall to take places in groups about the memorial columns outside the building, General Pershing read aloud the inscription on each of them. As he read that to Miss Delano and the nurses, as well as when he spoke of Miss Boardman, the whole audience, nurses and laity alike, were carried to their feet in recognition of the services of these women.

Perhaps no other group was so fortunate as were the nurses in having at this dedication so many individuals who had known, loved, and worked with those of their number whose services were being commemorated. This was rather strikingly evident as one watched the nurses who stood near the column while Miss Clayton, as President of the American Nurses' Association, drew back the flag which veiled the inscription.

It seems very appropriate that this building which is dedicated to the services and sacrifices of American women in the World War and in which nurses are proud to have a place, should be just adjacent to the memorial building to the women of the Civil War, and that these two buildings will form two sides of the quadrangle which will one day be the site of the Jane Delano Memorial, the fund for which, despite the withdrawal of that needed for the pillar, has now reached approximately forty thousand dollars.

A Twenty-Four-Hour Pediatric Time Study[1]

LOUISE WHITE, R.N., AND MARGARET G. NAPIER, R.N.

An adequate nursing staff for a given unit can only be estimated when we have some idea of the time required for the nursing care of each individual patient. Obviously the ratio between patient and nurse varies according to the degree of illness of the patient and the amount of medication and treatment ordered. It seemed worth while, therefore, to carry on the following study in order to determine the time actually spent in caring for one patient over a twenty-four-hour period.

The patient chosen was a critically ill boy, five years of age. He had been ill for ten days before admission to the hospital and the time study was made on the nineteenth day after admission. The diagnosis was lobar pneumonia complicated by empyema, parotid abscess, and bilateral otitis media. Although a parotid abscess is an infrequent complication, this patient cannot be considered an unusual case since empyema and otitis media are not uncommon sequelae to pneumonia in children.

The following medication and treatments were ordered for the patient:

Medication:

1. Digitalis gr. ¼ t.i.d.
2. Elixir of terpin hydrate with codein gr. 1/16, q. 4 h.
3. Milk of magnesia ʒ i, b.i.d.

Treatment:

1. Irrigation of both ears, t.i.d.
2. Lead compresses to face.
3. Daily dressing to incision on face.
4. Daily enema.
5. Chest aspiration on day of time study.
6. Opening of any new pustules on back with sterile needle—dust with thymol-iodid powder.
7. Pulse and respirations every hour.
8. Temperature every four hours.

The time study was carried on over a period of twenty-four hours, from 7 a.m. to 7 a.m. The nurses were on duty for six-hour periods, alternating with each other (7–1, 1–7, 7–1, 1–7). The necessity for having relief for meals was thus obviated so that the study might be carried on without interruption by the same two nurses. At the time the study was made there were twenty-four patients on the ward. Eight of these were listed as seriously ill and all the others required considerable nursing care since this was the admission ward for medical cases.

Every period of the twenty-four hours was accounted for and at the end of this period the following summary was made:

1. Preparing and giving nourishment and water	1 hr.	53	min.
2. Giving of medications....		33	"
3. Giving of treatments....	3 hrs.	36	"
4. Temperature, pulse, and respiration..........		42	"
5. Bath..............		10	"
6. Bed-making..........		10	"
7. Change of position......		43	"
8. Scrubbing nurses' hands..		50	"
9. Preparation and care of equipment..........	2 "	15	"
10. Giving bed pan and urinal		20	"
11. Subsidiary factors[2]......	2 "	25	"
	13 hrs.	55	min.
12. Sleeping............	7	2	
Total............	20 hrs.	57'[3]	

[1] In preparation for this study the patient was selected, time on duty, etc., all arranged, before the study was begun. In the patient's room were placed the necessary writing materials and a watch, thus saving time and steps. The exact number of minutes is not accurate in every instance as the number of seconds below thirty were not recorded. In planning for another study of this type, the authors feel that it would be unwise to have relatives present, especially those of an emotional nature.

[2] Under subsidiary factors are included such items as charting, conferences with doctors, telephoning, tidying of room, and the like.

[3] Under the 3 hours and 3 minutes appar-

This summary shows that practically fourteen out of the twenty-four hours were required for the care of the patient. No unnecessary attention was given. On general ward care, however, frequent changes of position, time spent in forcing fluids, etc., would have been impossible.

One factor which is often disregarded in a consideration of the time it takes to carry out procedures is the distance the nurse must walk from one part of the ward to another. In this instance the patient's room was rather well situated, being near the kitchen and medicine closet and directly opposite the utility room. Nevertheless, the following list of distances will confirm the fact that this factor must be considered:

1.	Patient's room to head nurse's desk	35 ft.
2.	" " " linen room	60 "
3.	" " " utility room	14 "
4.	" " " kitchen	12 "
5.	" " " medicine cabinet	9 "
6.	" " " treatment room	63 "
7.	" " " telephone	72 "
8.	Head nurse's desk to linen room	104 "

Although it is difficult to keep an accurate account of each minute over a twenty-four-hour period and at the same time actually to care for the patient, this has been attempted, and the summary given may be relied upon as being approximately correct.

Time Study

Orders read before 7 a.m.
Nourishment given by night nurse

	Nursing Care	*Min.*
7.00– 7.03	Collecting clean linen	3.5
7.03– 7.06	Collecting equipment for cleaning mouth	2.5
7.06– 7.07	Brought extra bed for treatment and transferred patient	1.5
7.07– 7.10	Preparing and bringing enema equipment	3.
7.10– 7.13	Gown technic and washing hands	2.5
7.13– 7.14	Pulse and respiration	1.
7.14– 7.22	Giving enema	8.
7.22– 7.32	Making bed. Patient expelling enema.	10.
7.32– 7.42	Enema equipment cleaned and put away	10.
7.42– 7.47	Emptying and cleaning bedpan (kept in room)	5.
7.47– 7.57	Giving bath	10.
7.57– 8.00	Preparing and giving medicine	3.
8.00– 8.03	Pulse, respiration, and temperature	3.5
8.03– 8.05	Washing hands (nurse's)	1.5
8.05– 8.06	Cleansing mouth	1.5
8.06– 8.07	Gave drink (Water kept in room in small amounts.)	.5
8.07– 8.12	Preparing equipment for irrigation (Bulb syringe and boric solution used.)	5.
8.12– 8.20	Irrigated both ears (Changed dressing on wound.) (Child afraid, assisted by student nurse.)	2.5
8.20– 8.23	Prepared thymoliodid and benzoin paste	3.
8.23– 8.27	Sterilized needle and brought dressings	4.
8.27– 8.32	Opened pustules on back and applied thymoliodid and benzoin	5.
8.32– 8.33	Gave water	1.
8.33– 8.35	Patient returned to own bed and covering adjusted	2.
8.35– 8.36	Soiled linen put in hamper (in bathroom)	1.5
8.36– 8.37	Removing gown and washing hands	1.5
8.37– 8.39	Prepared medicine	2.
8.39– 8.41	Moved extra bed out of room	1.5
8.41– 8.51	Cleaned and put away equipment	10.
8.51– 8.53	Went to linen room for hand restraint (Child picked at dressing.)	2.
8.53– 8.54	Applied hand restraint	1.
8.54– 8.56	Gave medicine	2.
8.56– 8.58	Washed medicine glass (Kept in medicine cabinet.)	2.
8.58– 9.00	Charting	2.
9.00– 9.01	Pulse and respiration	1.
9.01– 9.02	Washed hands (nurse's) (No running water in room.)	1.5
9.02– 9.03	Recorded pulse and respiration	.5
9.03– 9.06	Brought and gave nourishment	3.

[illegible] not accounted for in this study may be [illegible] with [illegible] resting though not sleeping. [illegible] father was allowed to stay part of the time.

	Nursing Care	*Min.*
9.06– 9.16	Cleaned bedside table and disposed of soiled dressings	10.
9.16– 9.21	Brought and put up clean bag for waste	5.
9.21– 9.25	Adjusted furniture	4.
9.25– 9.27	Child visited by two doctors	2.
9.27– 9.37	Discussion of case with head nurse	10.
9.37– 9.40	Child visited by three doctors	3.
9.40– 9.42	Looking for clean towel. (Linen shortage.)	2.
9.42– 9.47	Put away extra blanket and rubber sheet, later in linen room (Used on treatment bed.)	5.
9.47–10.00	....	
10.00–10.01	Pulse and respiration	1.
10.01–10.06	Discussed case with doctors	5.
10.06–10.21	Consultation of doctors in child's room	15.
10.21–10.22	Gave water	1.
10.22–10.27	Visit from head supervisor and discussion of case with her	5.
10.27–10.30	Collecting material for cold compresses (Red area on face.)	3.
10.30–10.34	Made rubber bib for protection	4.
10.34–10.35	Gave water	1.
10.35–10.38	Changed position (Feet had been elevated, since drainage was desired.)	3.
10.38–10.50	Gave cold compresses (Changed q. 2 min.)	12.
10.50–11.00	Prepared nourishment	10.
11.00–11.01	Pulse and respiration	1.
11.01–11.05	Nourishment	4.
11.05–11.06	Returned refused nourishment to kitchen	1.
11.06–11.08	Charting	2.
11.08–11.12	Prepared equipment for ear irrigation	4.
11.12–11.15	Ear irrigation	3.
11.15–11.16	Equipment returned to utility room	1.
11.16–11.17	Changing position	1.
11.17–11.19	Washing patient's hands (Wanted hands washed.)	2.
11.19–11.20	Washing nurse's hands	1.
11.20–11.41	Renewing compresses	21.
11.41–11.53	Preparing aspiration tray	12.
11.53–11.57	Temperature, pulse, and respiration	3.5
11.57–11.58	Washing nurse's hands	1.5
11.58–12.00	Charting	1.5
12.00–12.02	Pulse and respiration	1.
12.02–12.03	Washing hands	1.5
12.03–12.04	Recording pulse and respiration	.5
12.04–12.09	Prepared and took patient to treatment room (Aspiration to be done. Local preparation in treatment room.)	4.5
12.09–12.44	Assisted with aspiration and returned patient to room	35.
12.44–12.46	Adjusted bed clothing	2.
12.46–12.47	[illegible]	.5
12.47–12.48	Washing hands	1.5
12.48–12.49	Gave water	.5
12.49–12.53	Rolled and put away ear irrigation equipment	4.
12.53–12.54	Went to kitchen for ice	2.
12.54–12.55	Charting	1.
12.55– 1.00	Reporting to afternoon nurse	5.
1.00– 1.10	Giving medicine and water (½ min. to and from medicine cabinet; ½ min. washing glasses. Patient refused treatment and so extra time was used in coaxing him.)	10.
1.10– 1.12	Scrubbing hands	2.
1.12– 1.13	Charting	1.
1.13– 1.15	Time study	2.
1.15– 1.20	Getting blankets, etc., for balcony bed (This included getting keys for linen closet and returning them to head nurse's desk.)	5.
1.20– 1.25	Getting measuring glass for fluids taken (Getting keys; going to supply closet; returning keys.)	5.
1.25– 1.30	Attempt to get doctor by telephone	5.
1.30– 1.40	Preparing nourishment. (Included measuring amount, beating egg and mixing drink; marking container with patient's name so nourishment could be left in kitchen. Trip to desk and back for label.)	10.
1.40– 2.00	Sleeping (Child asleep when I returned from kitchen.)	20.
2.00– 2.01	Conference with doctor	1.
2.01– 2.05	Preparation of [illegible] (To and from utility room [illegible])	4.
2.05– 2.06	Taking pulse and respiration	1.

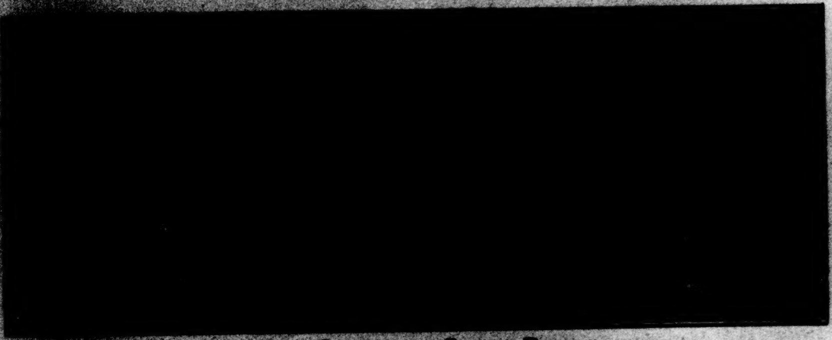
	Nursing Care	*Min.*
2.06– 2.08	To linen closet for towel	2.
2.08– 2.20	Giving nourishment.... (Taken very slowly—partly with spoon.)	12.
2.20– 2.22	Scrubbing hands.......	2.
2.22– 2.23	Charting.............	.5
2.23– 2.35	Balcony bed made and patient put on porch.. (Putting blanket under mattress. Putting on underclothes, stockings, cap, etc.)	12.5
2.35– 2.37	Scrubbing hands.......	2.
2.37– 2.40	Tidying room......... (Included putting remaining eggnog in ice box, washing glass, etc.)	3.
2.40– 2.49	Brought child in from porch to void........ (Refused urinal before going out. Two trips to and from utility room, ½ min. each. Child had difficulty in voiding, 6 min. Measuring urine and washing graduate, 1 min. Adjusting bed clothes and putting child on porch, 1 min.)	9.
2.49– 2.51	Scrubbing hands.......	2.
2.51– 2.55	Nourishment.......... (To kitchen and return twice, each trip ½ min. Giving milk, 2 min. Washing and returning glass to patient's room, 1 min.)	4.
2.55– 2.56	Readjusting patient's position...............	1.
2.56– 2.58	Scrubbing hands.......	2.
2.58– 3.00	Taking child's uncle to see patient and talking with him...........	2.
3.00– 3.05	On porch with patient..	5.
3.05– 3.12	Brought patient in from porch to use bed pan; very restless on porch, so not taken out again. (Moving bed, ½ min. Giving bed pan, 2 min. Taking off outer blankets and putting on porch to air, 4.5 min.)	7.
3.12– 3.14	Bedpan...............	2.
3.14– 3.16	Scrubbing hands.......	2.
3.16– 3.17	Pulse and respiration...	1.
3.17– 3.19	Nourishment..........	2.
3.19– 3.21	Scrubbing hands.......	2.
3.21– 3.50	Sleeping............. (5 min. of this time spent in preparing equipment for ear irrigation; 2 min. spent in getting card for fluid and urine measurement.)	29.
3.50– 3.53	Temperature, pulse and respiration..........	3.
3.53– 4.08	Irrigation of both ears.. (Mother helped hold child, 10 min. Child irritable, irrigation had to be done very slowly.)	15.
4.08– 4.18	Position changed....... (This included moving patient to foot of bed, covering with extra blanket so that pillows and pads upon which he was lying could be turned. Back rubbed.)	10.
4.18– 4.20	Cleansing ear irrigation equipment and putting it to boil............	2.
4.20– 4.22	Scrubbing hands.......	2.
4.22– 4.26	Getting ice for compresses and applying them..............	4.
4.26– 4.28	Putting away ear irrigation equipment......	2.
4.28– 4.37	Continuous compresses.	9.
4.37– 4.41	Care of mouth.........	4.
4.41– 4.43	Scrubbing hands.......	2.
4.43– 4.45	Nourishment..........	2.
4.45– 4.47	Charting.............	2.
4.47– 4.57	Giving medicine.......	10.
4.57– 4.59	Scrubbing hands.......	2.
4.59– 5.00	Pulse and respiration...	1.
5.00– 6.00	Sleeping.............	60.
6.00– 6.01	Pulse and respiration...	1.
6.01– 6.05	Care of mouth.........	4.
6.05– 6.12	Nourishment..........	7.
6.12– 6.14	Scrubbing hands.......	2.
6.14– 6.17	Charting.............	3.
6.17– 6.20	Reporting to relief nurse	3.
6.20– 6.21	Pulse and respiration...	1.
6.21– 6.24	Reading afternoon charting................	3.
6.24– 6.36	Preparing nourishment.	12.
6.36– 6.40	Preparing and marking container........... (Markers kept in head nurse's desk.)	4.
6.40– 6.41	Gave water...........	1.
6.41– 6.43	Changing position......	2.
6.43– 6.44	Changing pillow.......	1.
6.44– 6.46	Washing hands........	1.5
6.46– 6.47	Charting.............	1.5
6.47– 7.00	Compresses...........	3.
7.00– 7.01	Pulse and respiration...	1.
7.01– 7.02	Gave water...........	1.
7.02– 7.04	Changing position......	2.
7.04– 7.09	Alcohol and powder rub.	5.
7.09– 7.10	Changing pillow.......	1.
7.10– 7.11	Restraining hand......	1.
7.11– 7.21	Renewing compresses...	10.
7.21– 7.24	Preparing and giving medicine..............	3.
7.24– 7.25	Giving water..........	1.

	Nursing Care	*Min.*
7.25– 7.28	Temperature, pulse, and respiration	3.
7.28– 7.30	Washing hands	2.
7.30– 7.35	Charting	5.
7.35– 7.50	Observation	15.
7.50– 8.00	Patient quiet, no treatment	10.
8.00– 8.05	Reporting condition to doctor	5.
8.05– 8.10	Talking with child's parents	5.
8.10– 8.12	Child seen by doctor	2.
8.12– 8.14	Brought and gave nourishment	2.
8.14– 8.16	To kitchen for ice	2.
8.16– 8.31	Patient sleeping	15.
8.31– 8.32	To kitchen for ice	1.
8.32– 8.33	Gave water	1.
8.33– 8.58	Patient sleeping	25.
8.58– 9.00	Charting	2.
9.00– 9.01	Pulse and respiration	1.
9.01– 9.02	Charting	.5
9.02– 9.03	Washing hands	1.5
9.03–10.00	Patient sleeping	57.
10.00–10.01	Pulse and respiration	1.
10.01–10.03	Changing position	2.
10.03–10.04	Gave water	1.
10.04–10.05	[illegible]	1.
10.05–10.06	Gave drink	1.
10.06–10.07	Washing hands	1.
10.07–11.00	Patient sleeping ([illegible] water and ice while patient slept.)	53.
11.00–11.01	Pulse and respiration	1.
11.01–11.59	Patient sleeping	58.
11.59–12.02	Temperature, pulse, and respiration	3.
12.02–12.05	Reporting to doctors	3.
12.05–12.08	Charting	3.
12.08–12.10	Talking with father of child	2.
12.10–12.15	Reporting to relief nurse	5.
12.15–12.25	Nourishment and water	5.
12.25–12.30	....	5.
12.30– 1.02	Sleeping	32.
1.02– 1.04	Pulse and respiration	2.
1.04– 1.07	Medication and water	3.
1.07– 1.09	Scrubbing hands	2.
1.09– 1.19	Changing position	10.
1.19– 1.23	Scrubbing hands	4.
1.23– 2.10	Sleeping	47.
	Pulse and respiration	
2.10– 2.20	....	10.
2.20– 2.24	Nourishment	4.
2.24– 2.52	Sleeping	28.
2.52– 2.55	Gave water	3.
2.55– 2.58	Changing position	3.
2.58– 3.01	Offered urinal (Could not void.)	3.
3.01– 3.03	Pulse and respiration	2.
3.03– 3.05	Washing hands	2.
3.05– 4.02	Sleeping (5 min. spent in charting during this time.)	57.
4.02– 4.06	Temperature, pulse, and respiration	4.
4.06– 4.10	Nourishment	4.
4.10– 4.20	....	10.
4.20– 4.23	Change of position	3.
4.23– 4.24	Gave water	1.
4.24– 4.26	Washing hands	2.
4.26– 5.00	Sleeping	34.
5.00– 5.02	Pulse and respiration	2.
5.02– 5.04	Charting	2.
5.04– 5.10	....	6.
5.10– 5.15	Offered urinal (Unable to void.)	5.
5.15– 5.17	Scrubbing hands	2.
5.17– 5.18	Gave water	1.
5.18– 5.26	....	8.
5.26– 5.27	Nourishment	1.
5.27– 5.30	Change of position	3.
5.30– 5.50	Sleeping	20.
5.50– 5.52	Gave water	2.
5.52– 5.55	Offered urinal (Did not void.)	3.
5.55– 5.57	Washing hands	2.
5.57– 6.00	....	3.
6.00– 6.02	Pulse and respiration	2.
6.02– 6.05	Nourishment	3.
6.05– 6.10	Preparation of enema equipment and getting fresh linen	5.
6.10– 6.25	Enema (Included emptying bedpan, measuring urine, cleaning bedpan, urinal, etc.)	15.
6.25– 6.28	Washing hands	3.
6.28– 6.31	Care of mouth (Trip to utility for mouth wash, other equipment in bed side table.)	3.
6.31– 6.40	Bath	9.
6.40– 6.43	Special care to back	3.
6.43– 6.48	Making bed	5.
6.48– 6.51	Scrubbing hands	3.
6.51– 6.55	Charting	4.
6.55– 6.57	Nourishment	2.
6.57– 6.59	Scrubbing hands	2.
6.59– 7.03	Report to head nurse	4.

Round the World with Package Libraries

CHARLOTTE JANES GARRISON, R.N.

If you live in Chicago, a visit to the Hospital Library and Service Bureau will show you the spacious library at 18 East Division Street. Or if you live anywhere else in the United States or Canada, a two-cent stamp or a post card is sufficient. A colorful array of foreign stamps on returned package libraries proves the far reaching influence on hospital activities. There is a threepence



Hospital Library and Service Bureau

stamp from Australia, and a forty filler one from Magyarorszag. A royal blue stamp from Siam is marked fifty sty. From Helvetia at two and one-half francs comes postage with the story of William Tell, and that of the Republique Française honors the memory of Pasteur. Completing a recent collection are orchid stamps for eight annas from Mungeli, and others from [illegible] Polski, Cuba, the Netherlands and Japan. Back of each stamp lie a question and an answer. Hospitals and schools are using well the material assembled.

The [illegible] is the Library. Since its beginning, through the auspices of the American Conference on Hospital Service, there has been a constant accumulation of publications on hospital and health activities. In July, 1929, this imposing collection became a part of the American Hospital Association. There are available for reference study over 4,500 volumes, files of many magazines and reports, and over 3,000 package libraries.

A package library contains all appropriate printed material on the subject that is available. This may consist of extracts, clippings, marked copy or reports. This form of library is a most popular source of information among students and educators. Janet Green, as librarian, has probably helped more nurses in reference study than any other person in the country. The director also shares in the selection of material. Everyone, including the two young assistant librarians and the secretary, enjoys the daily contact with visitors and letter requests for assistance. At one time last month four students from four different schools sat around the big study table. March records 161 visitors, and over 696 package libraries in circulation.

Over the desk of the director come stirring tales of nurses everywhere. Here are glimpses at the daily rounds

of the Plunket nurses in New Zealand. The courage of the nurses stationed in lonely Red Cross outpost hospitals of Canada is another story. One appreciates the efforts of the Frontier Nursing Service after seeing the splendid pictures of the bulletin. The march of nurses' progress in government hospitals, in public health and industry is told by reports and articles collected from many sources. A new kinship and admiration is excited through these many contacts. Material may originate in other than regular nursing publications. A scanning of journals of the professions, of state bulletins, health reports, alumnae publications, may produce important items. There may be a careful lesson plan, a note of any important technic or experience, or piece of equipment, or skilful management of patients, reported.

The use of the Library by schools and colleges is rapidly increasing. The first query of the semester was from a member of a student nurses' club in Louisiana. This inquiry brought others. Soon the "Solid Seven" had all asked for libraries. A large number of visitors have come in groups with their instructors. Seniors of several schools from Illinois have visited the Library. Visitors tarry over the fine collection of pictures of medieval hospitals, and the old books and files of early hospital magazines. From a growing number of colleges and state universities come requests from students for material. One student tells another and the circle widens.

Students' questions often reflect the enthusiasm for research of the instructor. The trend toward specific information for the student is most gratifying. Because of the national associations and research libraries located in Chicago, additional information can be secured readily. Inquiries are often on the various phases of the profession. Libraries on nursing among the Indians, the "mountain whites," in mining districts, in missionary fields, are always in demand. Interest in public health and mental hygiene movements is active. Biographical material requests are popular. Seniors are more interested in professional problems and postgraduate courses. Occasionally a request is received for suitable class "projects," or suggestions for a capping service.

Instructors are asking for case studies. For a time there was little on this subject published—but material has been steadily increasing. Several schools have furnished, at the request of the library, well written histories which may be loaned upon request. Other popular collections are those on budgets, nursing education, and studies on the cost of student versus graduate nursing service.

New package libraries include a fine collection of pictures showing surgical and nursing technic from the earliest record of surgery to the battle of Valley Forge. Through the courtesy of a manufacturer, five sets are available for circulation. The "Religious Education of the Nurse" is one of the newest of our collections.

Another practical file is that of plans for nurses' homes. Every article published on the housing of nurses is contained in libraries on the subject. Many contain descriptions and black on white plans. Blue prints of homes housing from fifteen to 499 nurses are available for the use of architects and building committees. Requests for material on libraries and classrooms show that the school of nursing is becoming a school in fact as well as name. More and more presidents of boards and school committees avail themselves of information on the

educational and economic phases of nursing. At this writing there are four collections in the hands of trustees.

For the nurse who has specialized in private duty, public health, or administrative duties, there are special collections available. These are of great assistance to the young superintendent or supervisor. There is no more authoritative material on administration than is distributed through the Hospital Library and Service Bureau. Practical subjects, as costs, budgets, small hospital administration, reading course for superintendents, hospital housekeeping, sterilization, and many others show the wide usefulness of these collections.

Appreciative letters are received daily from students and instructors. Particularly grateful are the expressions of those hospital workers abroad and in remote places. There is no charge for the use of package libraries. The wealth of the experience of others may be had for the asking. Surely there is no better investment for a two-cent stamp!

Vocational Guidance

KATHLEEN M. LEAHY, R.N.

LACK of definite preparation in students, even though they were high school graduates, has hampered nursing school directors in the education of the student nurse. This lack was felt keenly by local nurse educators who recently brought it to the attention of the Washington League of Nursing Education for consideration with the result that a very definite contribution was made in the form of a suggested curriculum for a high school student interested in nursing. This should assist advisors of girls throughout the state in helping students to plan more constructively their high school curriculum.

In order to gain an understanding and appreciation of some of the problems that high school leaders are facing today, the League invited the Dean of the School of Education at the University of Washington, an authority in the field of secondary education, to address a meeting early in the year. He briefly outlined some important problems, but developed particularly the problem of selecting high school students today, saying that the girl who a generation ago left school at the end of the sixth grade, today remains until the completion of four years of high school. Many states require part-time attendance until the student is eighteen years of age. The use of a curriculum that will prepare students for future work involves a great problem and means a tremendous amount of adaptation of subject matter.

The League felt that further study of the problems in secondary education should be made. At the following meeting, the girls' advisors of the Seattle high schools were invited to an open discussion on the "Preparation of the High School Girl for Nursing." Several advisors were present, and interesting problems in adjustment of the high school girl of today were brought out. It was agreed that many girls' advisors or high school principals had not fully appreciated the value to a student nurse of certain subjects in her high school background. A splendid spirit of helpful coöperation and unity of purpose between these two groups of educators

grew out of this meeting. There was a feeling on the part of the advisors that they should know more about the field of nursing education and the types of girls that would be most successful (in the highest sense of the word) in nursing. They asked if a tentative high school curriculum might not be formulated, that they might use in advising their students. They invited members of the League to meet with the Seattle Conference of High School Girls' Advisors, and to draw up such a curriculum.

Carolyn Davis, Sister John Gabriel, Evelyn Hall, and the League President, Mrs. Elizabeth Soule, all well known nurse educators met with a committee from the high school group and worked out the following school program, with the assistance of the seminar class on nursing problems at the University.

This program suggested four years of English, the study of composition, oral expression, and reading, and the widest possible background in literature; two years of Latin, to increase the student's vocabulary and give her a knowledge of the derivation of the scientific terms used in materia medica, physiology, anatomy and other sciences; two years of a modern language, which should increase her outside interests and prepare her for world citizenship; one year of medieval and modern history, which would make a background for her study of nursing history; one year of United States history and civics, for American citizenship; one year of chemistry, which would give an understanding of the composition of matter; one year of biology or physics, which would give an understanding of the forces of nature; one year of algebra, the principles of which the student would use in the study of drugs and solutions; one year of home economics, designed to give an understanding of food preparation; one year of geometry, since it is an entrance requirement in the College of Science at the University of Washington. For electives,— music, drawing, debate, and typing, were added. It was advised that the student carry as much physical education as possible for the sake of physical activities and for the development of a hobby when the student should become a student nurse.

The entrance requirements of the College of Science of the University were kept in mind so that, if a student wished to enter the University, she would not be hampered with unfulfilled entrance requirements and at the same time she would be better prepared to take up her studies as a student nurse in a school of nursing.

A copy of this curriculum was sent to every high school and school of nursing in the state. A copy was also given to each member of the class in girls' advisor work at the University Summer School, and to many public health nurses who come in contact with the high school age group.

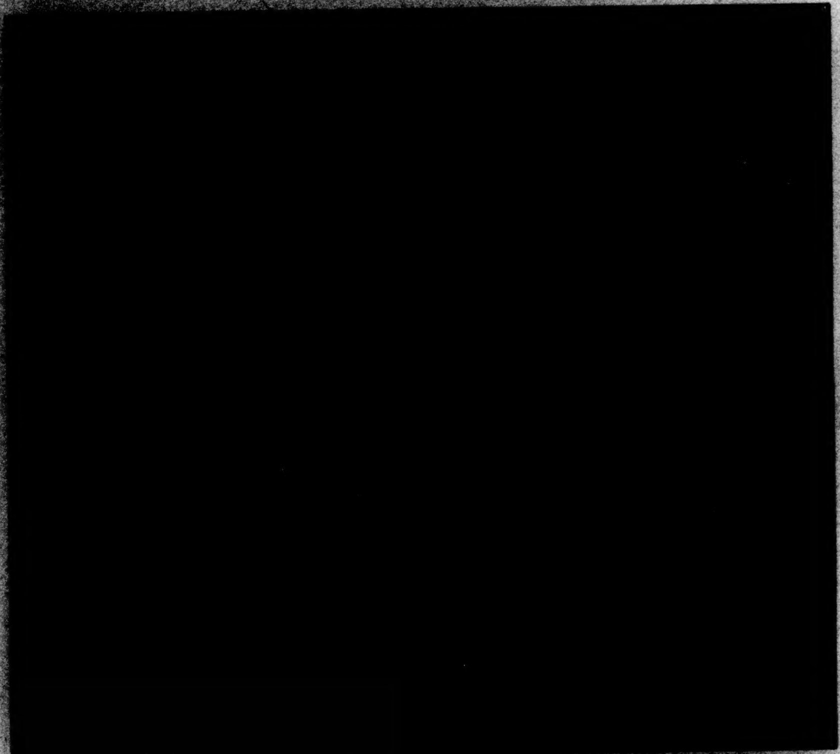
The League and advisors feel that their efforts in this field have been most helpful and worth while in assisting busy high school principals and advisors to guide their students in the choice of studies, for nursing school directors have come to feel that high school graduation itself is not sufficient preparation for the field of nursing, the high school preparation should include those subjects on which the nursing school curriculum is based, and which would also prepare the student for college entrance.

The spirit of interest and helpfulness which has grown out of the study of a common problem by these two groups of educators has been most stimulating and promises much for future growth and development.

Physical Examination Trays

Contributed by HELEN WOOD, R.N., and WINIFRED WHITNEY, R.N.

From the Strong Memorial Hospital, Rochester, N. Y., and the Sydenham Hospital, New York City



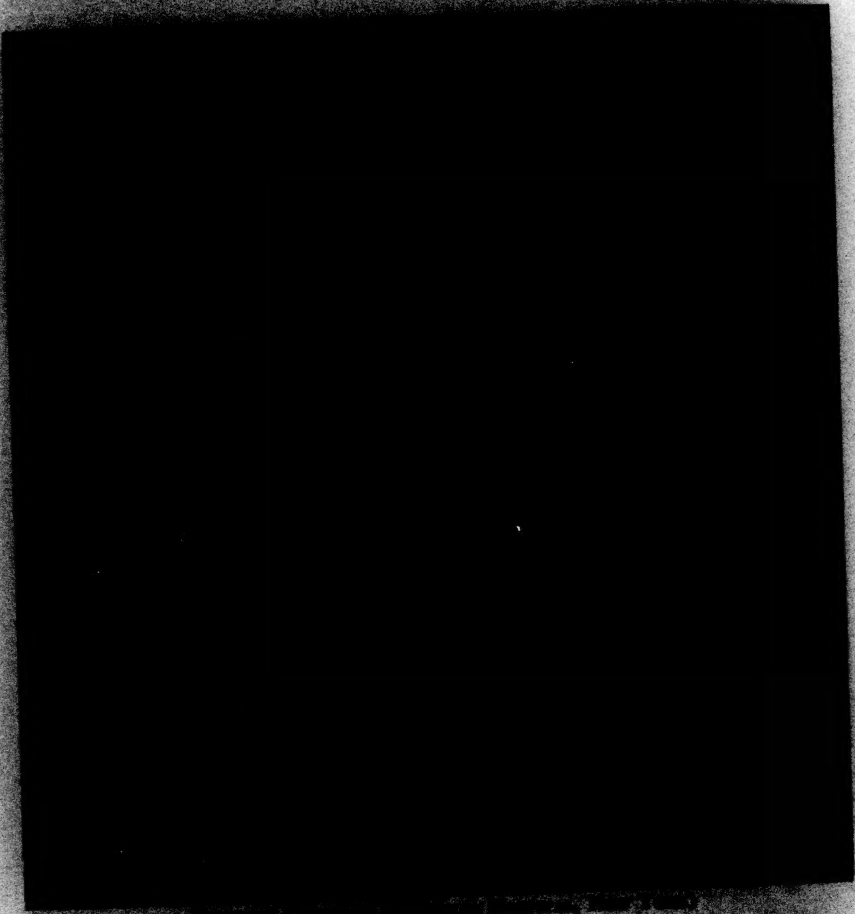
[illegible] Examination Tray (Sydenham Hospital, New York)

Is each of your wards provided with an outfit like either of these? Since it is usually the head nurse who is responsible for getting the equipment for physical examination from bed to bed during rounds, while at the same time she may be carrying the order book, writing orders for the doctor to sign later, and preparing the patient for examination, she will probably want to decide whether a tray or a basket is easier for her to handle. The contents of each in this case is practically the same.

Strong Memorial Hospital, Rochester

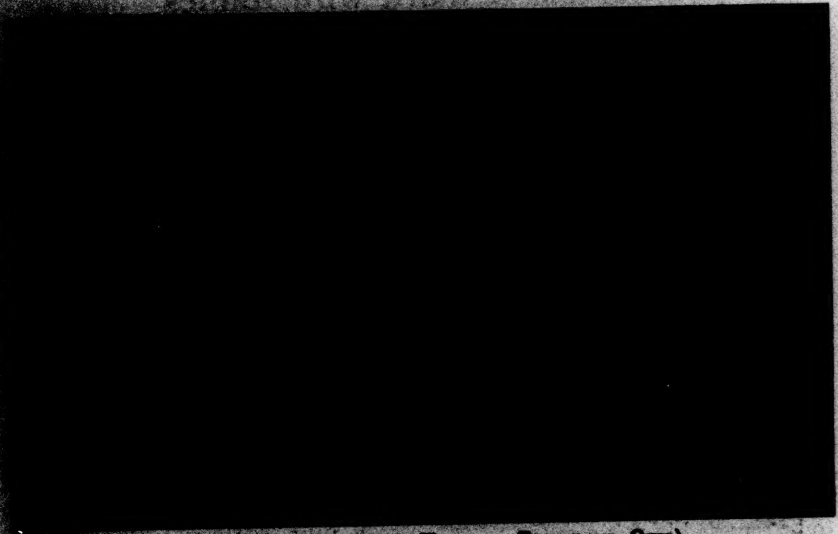
Equipment for Surgical Dressings

Contributed by
WINIFRED WHITNEY, R.N., and IRENE V. KELLEY, R.N.



THE dressing carriage and tray shown here illustrate how choice of equipment may be affected by the plan of ward administration. When that plan involves having one "dressing nurse" who does all surgical dressings with the doctor during rounds, the procedure can certainly be carried out more quickly and more simply by means of a well planned surgical carriage equipped so that practically any type of case may be dressed at any time. The dressing carriage shown on this page has been arranged with this plan in mind. On the upper section are arranged:

(a) one large white enamelware tray containing four 5½" scissors, four 5" probes, four 5"



Dressing Tray (St. Alexis Hospital, Cleveland, Ohio)

[illegible], four 4½" dressing forceps, four [illegible] directors, four clip removers; (b) one [illegible] containing gauze, cotton, etc.; (c) [illegible] enamelware tray containing glass [illegible] solutions, small glass jar with perfo-[illegible] top for powder, one jar of [illegible] ointment, one jar zinc oxide ointment, [illegible] lubricant; (d) three white enamel-[illegible] of vaseline, gauze drains, and [illegible] safety pins; (e) four covered glass jars [illegible] (assorted sizes), sterile test tubes [illegible] strips, sterile rubber drains, [illegible] four syringes (5 cc. and 10 cc.); [illegible] gloves; (g) one glass jar on [illegible] containing two dressing forceps [illegible]; (h) one metal rod (attached) [illegible] sheet zinc oxide adhesive. [illegible] contains: (1) one sterile ir-[illegible] wrapped; (2) four sterile solution [illegible] wrapped; (3) three small size unsterile [illegible] basins; (4) five glass flasks for solutions; (5) four 10" kidney basins; (6) two rub-[illegible], double coated tan cambric; (7) one [illegible]; (8) two packages sterile towels; (9) [illegible] pairs sterile gloves; (10) six paper bags. Attached to the carriage are two wire holders with paper bags for soiled dressings.

In the small or private hospital where all patients are not on the same service, several doctors may wish to change their patients' dressings at the same time. Or the case method of assigning patients to nurses may be in use, or patients may be cared for by graduate nurses who are doing group nursing. Under these latter conditions, individual dressing baskets or trays are apt to be more satisfactory. The tray shown here contains the following sterile equipment:

(a) clip remover, probe, hemostat, tissue forceps, and scissors wrapped together; (b) package of two dressing sheets; (c) two solution basins; (d) medicine glass; (e) kidney basin; (f) gauze sponges; (h) cotton sponges; (i) iodoform gauze in test tube; (j) glass syringes,—large and small; (k) safety pins in test tube; (l) sterile pick up forceps in glass jar; (m) sterile gloves. The unsterile equipment includes: (1) bandage scissors; (2) unsterile safety pins in test tube; (3) adhesive tape; (4) caustic pencil; (5) rubber dressing sheet; (6) dressing towel; (7) paper bag. One flask contains 6 per cent iodine, the other 60 per cent alcohol.

Pasteur's Work with Rabies

LYDIA EVEY, R.N.

THE work which Pasteur did in developing prophylactic treatment for rabies was one of his last and greatest services to the world. Before that time the only means of preventing the development of the disease was by cauterization of the wounds immediately after they were received. The greater number of cases ended fatally. It was known then, as now, that rabies is communicated to man usually through the bite of a rabid animal. In spite of the Pasteur treatment, and the fact that in England the order muzzling all dogs has practically wiped out the disease, cases of rabies still continue to be reported in this country.

Rabies in Dogs

THE course of the disease may be divided into three periods: the period of melancholy or depression; the period of irritation; and that of paralysis. Beware of the dog which becomes listless and dull, which hides away for a few days, is always prowling about restlessly with his head hung down like a bear, suddenly becoming excessively fond of his master, desiring to lick his hands and face. Such a dog should be locked up and watched. Thirst as a test is not reliable, for a mad dog is often thirsty and rushes into the water. It is the act of swallowing which brings on the convulsion.

The second period may persist for three or four days during which the dog is spasmodically mad. Restlessness increases, as well as the impulse to run away. During this time he may bite at everything in sight, seeming to be entirely fearless and rarely avoiding other dogs and people. The bark is modified to a howl.

During the period of paralysis the dog is more subdued and sullen. He hangs his head, saliva drips from his mouth, his gait is staggering, and he dies in from four to eight days, of paralysis and exhaustion.

Rabies in Man

THE period of incubation in man is from twenty to sixty days or longer. Treatment consists of the direct treatment of the wounds, and the prophylactic treatment of Pasteur. The hope of success from the treatment is much less if the wounds are on the head, near the brain.

Direct treatment of the wounds by cauterization is important. Punctured wounds are more dangerous than others because of the difficulty of treatment. The virus diffuses slowly, so that if a ligature is placed about the limb promptly and a suction cap applied, or direct suction used, it may be possible to extract the virus from the wound. In the undisturbed mouth the virus is not very dangerous.

The Pasteur prophylactic treatment consists of a series of injections of a preparation of the dried spinal cord from animals infected with rabies. There are variations in the treatment as given in different places but, in general, eight- to fourteen-day-old cord is used for the first treatment, and, as the treatment progresses, increasingly fresher spinal-cord preparation is used. Treatment requires from two to three weeks.

Local reactions at the site of the injections are unimportant. In a few cases paralysis and death have followed anti-rabic treatment.

Immunity following treatment is present in about two weeks and lasts some years. The statistics regarding

the results of treatment at the Pasteur Institute in Paris are remarkable: In [illegible], of 2,671 persons treated, 25 died; in 1919, of 1813 treated, only 3 died.

Pasteur and Rabies

PASTEUR was a fearless man. For one of his early experiments he wished to collect some saliva directly from a "mad" dog. The dog, a huge bulldog in a cage, refused to bite the live rabbit they had provided in order that it might be inoculated with the saliva. A noose was made and thrown, the dog was secured and dragged to the edge of the cage, and his jaws tied together. Choking with rage, his eyes bloodshot and his body convulsed with violent spasms, the animal was kept motionless on a table while Pasteur, leaning over the foaming head, sucked up into a narrow tube some few drops of the saliva.

Inoculation with saliva was found to be a method which did not always produce rabies and symptoms did not declare themselves for months. The theory that the disease virus attacks the nerve centers had already been set forth by Dr. Duboué of Paris. Pasteur accordingly inoculated a number of animals subcutaneously with some of the brain substance from other animals which had died of rabies. Most of those inoculated developed rabies but not all.

Pasteur then conceived the idea of introducing into the brain of experimental animals some of the nerve tissue from an animal which had died of rabies. This experiment was based on the principle of providing the [illegible] with the nutritive medium best suited to their requirements. Pasteur, obliged to sacrifice so many animals, had a real dislike for vivisection. If the animal cried out a [illegible] full of pity. The idea of perforating the skull of the dog was repulsive to him, he wanted it done but dreaded seeing it done. So it was done one day when he was away. The next day when he was told of the intra-cranial inoculation he was moved to pity for the poor dog. His assistants let the dog into the laboratory. Pasteur did not like dogs, but when he saw this one full of life he was delighted and his scruples as regards such operations were laid to rest. The first trephined dog exhibited the characteristic symptoms of rabies in fourteen days and the experiment, repeated many times, gave the same result.

It was found, after long experimentation, that the spinal cord of the rabid animal, removed after death, when exposed to dry air becomes inactive and after fourteen days the virus is harmless, even when given in large doses. A dog receiving this fourteen-day-old dried cord, then on the following day thirteen-day-old dried cord, and the treatment continued daily with increasingly fresher dried cord, does not get rabies, but is immune. Inoculated in the eye or in the brain with the virus the animal remains well. It is possible to confer immunity on the animal in fifteen days.

The first human being to undergo Pasteur's treatment for rabies was a young boy, Joseph Meister, an Alsatian. He arrived in Paris in July, 1885, his body covered with wounds from the bite of a mad dog. Pasteur was urged to give his treatment to the child whose life was already threatened. He did so, and as the series of inoculations came to a close Pasteur passed days and nights in cruel fits of depression, forgetting what his experiments had proved and fearing that the child would die. Joseph recovered however, and later, when the

subscriptions were being raised to found the Pasteur Institute in Paris, and the Alsatians sent 42,000 francs, Joseph's name was among those on the list.

Patients soon streamed in from all parts of France and from other countries, and were treated with brilliant results. However, at this time there were those among the men of science who insinuated that not all of the failures were made public and that the treatment was not so effective as was represented. Pasteur's confrères, Grancher and Brouardel, defending him, showed that the mortality among treated cases was less than 1 per 100. A little later the Academy of Sciences caused to be printed and sent to every village in France a report of the statistics of the cases. A little later the report of the fourteen months' investigation by the English Commission confirmed Pasteur's findings with the statement that "M. Pasteur has discovered a prophylactic method against hydrophobia which may be compared with that of vaccination against smallpox."

Pasteur did not live many years after completing his work with rabies. The strain of work and the anxiety connected with the anti-rabic inoculations told severely on his health and, as some one has said, "made a grand thing of his face . . . the broad brow wrinkled with scars of genius, the mouth slightly drawn by paralysis, but full of tenderness and expressive of pity for the suffering of others . . . and above all the living thought which still flashes from the eyes beneath the deep shadow of the brow."

Bibliography

The Life of Pasteur, René Vallery Radot.
Preventive Medicine and Hygiene, Rosenau.
The International Encyclopedia.

Nurse Fined $100 for Violation of Registration Act

WE find many nurses using the R.N. affixed to their names who are not registered nurses of California. This is a violation of the Nurses' Registration Act and offenders are subject to a penalty specified in the law. Such offenders, however, in most cases use the R.N. innocently thinking because they are registered in another state it is all right to affix R.N. to their names in this state. They are not trying to misrepresent themselves to the public. On reminding them that they are violating the law they cease doing it. There are some, however, who purposely set out to misrepresent themselves to the public. These impostors are difficult to get hold of and harder still to prosecute. They are here today and gone tomorrow. Especially do they move on or change their tactics if they become suspicious that we are "getting on" to their game.

Cecelia Claire Sweatt, who unlawfully represented herself as Marie Lina LeBlanc, R.N., in San Diego, was arrested and arraigned before the Justice Court June 4. She was released on bail of $100 and given 24 hours in which to file her plea. She plead guilty and was fined $100, $50 of which was remitted on condition that she promise to refrain from further misdemeanors of this sort. With the assistance of the San Diego hospitals, Nellie M. Porter, R.N., who is in charge of the Los Angeles office of the Bureau, was able to get the "Miss LeBlanc's" address and eventually secure her arrest.

We hope that the *bona fide* Marie Lina LeBlanc, who is the innocent victim of Mrs. Sweatt's impersonation, will suffer no embarrassment if she ever returns to California. She now resides in New York, but is registered and renewed up-to-date in our state.

Now as most of the hospitals are demanding registration of the nurse seeking employment, we will no doubt have more nurses misrepresenting themselves as R.N.'s of California. "Lost credentials" or "credentials in storage" or "credentials coming later," etc., are poor alibis for not presenting them, and nurses giving such should be made to wait for employment until they are able to produce proper credentials. (Credentials bearing a name other than the one given by the nurse should be accompanied by legal proof (marriage certificate, or court order for change of name.)

I would like to urge all *bona fide* registered nurses seeking employment or membership in the nursing organizations, to carry their credentials or photostatic copies with them.—*Pacific Coast Journal of Nursing, July, 1930.*

The Nurse and the Public

V—Paths to Understanding

VIRGINIA McCORMICK

TO understand is to appreciate, and appreciation is the basis of coöperation. This is true particularly of the agencies which exist to serve the public and which can give a maximum service only when they have the intelligent support of the public. So dependent are they, in fact, upon an understanding attitude on the part of the communities they serve, that they might well interpret for their own needs the poet's cry, "O grant me understanding and I shall live."

The Need for Understanding

THIS is true in nursing where the need for a sympathetic public increases in proportion as nursing expands the service that it renders the public. In nursing today, fundamental understanding leading to coöperation is vitally necessary on the part of the public, first, for the public's own protection in order that it receive a maximum of skilled nursing care, and second, in the interests of the nursing profession which must develop an attitude of appreciative coöperation if it is to continue its rapid advancement toward professional status.

Who Is "The Public"?

WE have been writing often and much in these articles about the public. Actually, whom do we mean by that term? Are we directing our publicity to any single social group or groups, or are we scattering our information far and wide, hoping it will fall on fertile ground?

The answer is, of course, that we want to explain nursing facilities and nursing growth and nursing trends to everyone whose appreciation and coöperation is needful to nursing. There are four directions, it would seem, toward which nursing publicity should be directed: (1) to the nurse, both non-members and members of professional organizations; (2) to the doctor; (3) to the interested laity, such as hospital and visiting nurse association boards; and (4) to the public as the consumer of nursing.

Which Way, Publicity?

NOW, if you are an executive secretary, or superintendent of a school of nursing, you will say at once, "But that is absurd. With our limited funds, and my more than limited time, I cannot undertake to reach all those people with nursing information."

Quite true. But it is necessary to reiterate here another truism; namely, that information directed to the public by any social agency is on a more or less opportunist basis. There must be an underlying purpose behind any publicity program. There must be a unified pattern. But public information still is largely dependent on events such as a district meeting, on annual reports, changes in services, and such spasmodically occurring subjects for much of its contact with the public. And often publicity must wait its turn until the unpostponable tasks involved in nursing the sick have been cared for.

In spite of these handicaps, however, it is very necessary that the groups concerned with nursing should be told about nursing. And it really is not difficult to reach all the interested groups. Often you will reach

them all or several of them with a single story. An annual meeting of a district association may reach the nurse, the doctor, and the public, perhaps, as well.

The nurses have a direct obligation, moreover, to inform those concerned with nursing of any changes that are made in the service. If, by way of illustration, the educational requirements have been raised for admittance to the school of nursing, it is essential to explain the significance of that step to nurses, doctors, the board of directors, as well as to the potential patient.

Publicity Policy

THE most important single group to reach is that large number of vaguely interested individuals known as the general public. As a sound and workable policy in public information, *direct your publicity to the public* through newspapers, radio talks, exhibits, and other media.

The problem is how to turn vague interest into intelligent appreciation. It can be done, and you will find that you have in your community a coöperative public, when you have explained to the potential patient *what good nursing care means and where he can get that care.* Thence it is but a step to pointing out to him what is needed to perfect this service. And when he understands and realizes what such an extension of nursing service would mean to himself or his family in illness, he will coöperate gladly.

There is, then, a definite responsibility for the nursing profession to inform the possible patient of those aspects of nursing of which he has the right to know. But there is another reason for directing nursing information primarily to the general public. Comprising the public are not only the possible consumer of nursing, but the entire nursing profession, medical profession, and interested lay groups as well. In reaching the public, you are reaching in interest also all the groups concerned with nursing the sick. And since the greatest good for the greatest number is a maxim which holds true in publicity, the nurse with limited time and funds will find, generally speaking, that she is gaining the greatest possible "spread" in public information when she directs it to the public at large.

The High Road in Publicity

THE high road in public information, then, leads to the public through all the various media that we have for disseminating information. Last month we described the uses of newspaper and leaflet, radio talk and window display, and those other means we have for telling our story.

In using these to interest an entire community, you will find it necessary to correlate your publicity resources; that is, a single new development in nursing service, such as the establishment of a social service department in the hospital, for instance, can be given plenty of publicity if you combine all the means you have for telling your community about it. A story in the newspaper, with pictures perhaps, a display in a store window showing how the department will function, leaflets or bulletins describing the service and posted in libraries, social agencies and schools—these are the means through which we attract the interest of and give our information to the public at large.

The Challenge of the Ill

THERE is a large segment of the public, however, to which we owe more direct information, an element in the community life for which we as

nurses have a direct responsibility; that is, the sick and the crippled, the acutely ill, and the chronics, the aged and the very, very young who are dependent for their comfort on what someone else can do for them.

This group constitutes a direct challenge in public information. Constantly we are discovering to our chagrin that, in spite of all the machinery we have established for caring for the sick, there still are many persons who are not receiving the nursing care they need because *they do not know where they can procure that care.*

In other words, we have taken great care to get our nursing service ready for the public, but we have not told the public about it. For telling the public involves more than announcement of the opening of an official registry. It means repeating and reiterating and redefining the facts involved in that event, it means hammering the information into the public consciousness through every means available for this purpose until the public, and the doctor, and the nurse, form the habit of turning to the official registry in time of need.

The Patient and His Nurse

ONE angle of this problem is the right of the patient to know something about the nurse he engages. Operating under a business law of New York City, the official registries there are required to send to every patient sufficient information about the nurse going to his home to identify that nurse. A card is sent from the registry giving the nurse's name and address, the school from which she was graduated, and her state registration number for the current year. Such information is, of course, only the patient's right. At the same time it serves to ensure the confidence of the patient in his nurse and to build up confidence in the registry.

So much for the patient at the beginning of his illness. But there comes the time when he is convalescent. Certainly, before he leaves the hospital, or before his full-time nurse is no longer required in his home, he should be informed of the short-period nursing care that he can receive through nursing agencies in his community. A leaflet similar to that he received in the hospital would tell this story, with specific information concerning the visiting nurse association, the official registry, and hourly nursing service, with types of services, costs, telephone numbers and addresses of the agencies briefly stated.

Such a leaflet is an excellent means for picturing the nursing service of the entire community. And its influence, of course, extends far beyond the limited group of ill persons and their families. For it cannot fail to tell its story to doctors and nurses and board members as well, and inevitably it will fall into the hands of the well public which may at some time need to know those facts.

An expense? Of course it is. But one that may be undertaken by the district association as its principal contribution to public information. Or the cost may be shared by hospital, visiting nurse association, registry, and other nursing groups of which information is given. Perhaps, in fact, we were wrong to call it an expense. Really, it is an investment in the interests of understanding.

Other Paths to Understanding

THE highway to understanding leads straight and inevitably to the public. But there are other paths as well, that lead another way to intelligent appreciation. These are

the paths that we must take to reach the nurse, the doctor, the interested layman. The approaches to these groups are different from that leading to the public because theirs is an attitude of awareness which needs only to be developed and concentrated on the changing status of nursing as it evolves before their eyes.

Reaching the Nurse

THERE are two types of nurses to be considered with regard to professional information. One is the nurse who is an active member of her organization and for informing whom, therefore, the organization is immediately responsible. And the other is the nurse who plays a lone hand, indifferent to the work of her professional association.

The Organization Member

TELLING the alumnae or district member of problems, developments, changes in nursing, is, it would seem, a simple matter. But there is this to consider. The nurse acquires her information through talks and printed matter or whatever media are available *during her leisure hours*. This means that her professional activities actually are competing for interest with a vast variety of subjects, all the range of diversions which scatter our attention in this modern life.

The busy nurse may read her current issue of the *American Journal of Nursing*. If she is ambitious, she will spend a certain period in study, which will lead to her advancement. But she will not seek for herself any information that is not of direct interest to her. News of the nursing world around her and explanations of the meaning of nursing events, must be served to her on the silver platter of vividly told stories.

Alumnae, district, and state bulletins are being used more and more. An excellent idea they are, too. But their value is in direct ratio to their readability. Make your news a matter of personal concern to the nurse. Address her in the second person singular as I am writing to you. The district meeting is *her* meeting, especially planned for her. Tell her so. Make her feel that unless she is there to help discuss plans for the coming state convention, the meeting will be incomplete. And where there are no funds for a printed bulletin, two or three mimeographed pages can do the work.

Meetings are the best media of all for learning about what is going on in the nursing profession. Alumnae, district, league, state sessions are a series of opportunities to inform the nurse. So if she does not learn of what is happening in the profession, or if she loses interest and ceases to attend meetings, it may be because she is not getting the information she wants. It may even be, alas, that the programs are quite uninteresting.

The problem of program building is irrelevant at this time except as it affects the nurse's attitude toward that source of information, the association meeting. It is interesting to note in passing, however, that at the Institute for State Executive Secretaries held recently in New York City, the point was emphasized of the value of printed programs prepared in advance. It was the consensus that the most interest was shown in those district or alumnae meetings when a coördinated program for the entire year was planned and then was published and sent to the members.

The Non-Member

THE bulletin, the carefully-evolved program, the enthusiastic meeting, moreover, are helpful in reaching the nurse who is not a member of her

association. Nothing is more contagious than enthusiasm. Nothing is harder to withstand than the impetus of group consciousness and group spirit. An alumnae or district association that is alertly engaged in furthering the best interests of nursing in its sphere of activity is the best means of compelling the interest of the indifferent nurse.

Then, there is the value of the information disseminated to the public. This, too, reaches the isolated nurse. Every newspaper story, every radio talk, every exhibit that shows the work of the nursing profession tends to stir the professional pride of the individual nurse. And you cannot be conscious of your profession and proud of it, without wanting to take your place in its activities, can you?

Informing the Doctor

OF all the groups, however, who have the right to know about nursing, the medical profession surely ranks to the front. It is absolutely essential to the progress of nursing toward a stabilized professional status that the *medical profession understands each step that is involved in that development.*

Where there is understanding there is appreciation. Where there is appreciation there is coöperation. And the coöperaton of the medical and nursing professions each with the other is vital if they are to consummate their high purpose of healing the sick.

There are various connotations to this concept. Thus, in the relationship of nursing and the medical profession in the community, it would seem imperative, and a direct obligation on the part of the nurses responsible, that the local medical association be informed of every development or expansion of nursing service, whether it be group nursing in the hospital, hourly nursing in the registry, or a closer working relationship between registry and visiting nurse groups.

The Changing Status of Nursing

THE need for understanding on the part of the medical profession and on the part of that large group of interested laity comprising boards of directors of hospitals, and visiting nurse associations, is greater today perhaps than ever before. Nursing is rapidly changing in status, and every study that is made—the grading study, the surveys of hospital service in the United States as made by the American Medical Association, the Survey of Catholic Hospitals by the Catholic Hospital Association, the American Nurses' Association study of registries—adds evidence in substantiation of this statement.

The Challenge to Nursing

DURING the difficult period of rapid change, of new definitions in nursing education, and new demands and developments in nursing service, the nursing profession needs the fullest understanding, the most sympathetic appreciation, and the most constructive help that can be given it by its kindred profession of medicine and by those loyal supporting groups of laity who give their intelligent service as board members.

To gain this understanding, we must use all the means at our command to place our information where it is needed. And this information must not be in general terms or platitudes or conventional truisms. *What is needed today is specific information, simply stated.*

Authoritative Information

OFTEN you may be at a loss as to how to answer a question or furnish desired information. It is then

you will give thanks for the availability of reprints. At national headquarters of the American Nurses' Association, and National League of Nursing Education, there is kept a file of reprints of articles on pertinent subjects. Other organizations have similar arrangements and it often is possible to obtain authoritative information in this way.

Marked copies of national nursing or medical journals, or quotations from convention speeches as published in the proceedings, are means, also, of supplying specific data in answer to the need for information on a variety of subjects. Whenever possible in your relations with doctors, board groups, and nurses, make use of such information. You will save yourself a great deal of work for which you have not the time, and you will be assured of disseminating accurate information on the subject desired.

And in the Community

HOW the medical profession can be kept informed of the nursing developments in its community or of the needs for new nursing services that will require the intelligent support of the medical group to establish, resolves itself largely into a question for the nurse leaders of those communities. The most feasible plan may be to explain, let us say, the introduction of group nursing into the hospital at a meeting of the medical association. It may be more practicable to write to the medical group individually or see personally the leaders of the medical profession in that community. There are reprints available on group nursing for your use. You have only to add the details of how you have adapted the service to your hospital.

The same principle holds in reaching board members. A splendid means for eliciting their interest or support would be a monthly bulletin, issued by hospital or registry or district, through which they might be reëducated in the purposes and principles of nursing education, and the rapid evolution of the nursing profession.

A Redefinition of Nursing

BUT whatever the means taken, the need is great for redefining the meaning and progress and objectives in nursing for the great group of philanthropically-minded laity who share the responsibility of administering hospitals or public health groups.

And the need is great for a sympathetic understanding of nursing on the part of the medical profession; for a clear knowledge of the aims and developments in its profession by all nurses; and for an understanding on the part of the public of those facts about nursing which it needs to know.

The responsibility for giving this information to the public and for winning or holding the sympathetic understanding of allied professions and interested groups, rests primarily with the nursing leaders throughout the country. But nurses have always carried responsibility, and this added one of public information will be worth while if by their efforts there may be throughout the country an understanding of nursing that will lead to appreciation and hence to coöperation in developing nursing into a full-grown profession.

Nursing Medical Patients[1]

Problems with Diabetic Patients

FLORENCE K. WILSON, R.N.

THE tabulation of problems in nursing patients with diabetes seems to indicate that with such patients consideration of the personality is an essential part of the nursing care. A number of the problems included under nursing care here have been placed under personality problems in the previous cases. The report clearly presents some of the difficulties encountered in persuading even an intelligent patient to keep on his diet.

Difficulties in giving nursing care	30
To keep patient contented and satisfied	6
To keep patient cheerful	6
To [illegible] personal cleanliness	5
To obtain 24-hour urine specimen	3
To keep patient dry and clean	3
To keep patient in bed	2
To obtain catheterized specimen	1
To overcome language difficulty	1
To [illegible]	1
To give special care to feet	1
To keep patient warm	1
Difficulties in diet treatment	29
To keep patient from eating food not on diet	15
To please patient with foods allowed	5
To prepare foods with given figures	5
To [illegible] importance of diet	1
To [illegible]	1
To prevent chewing of tobacco	1
To [illegible] exactly one-half hour [illegible]	1
Difficulties in giving insulin	4
To [illegible] objection to insulin	2
To [illegible] insulin reaction	1
To [illegible]	1
Difficulties with personality	11
To [illegible]	3
To [illegible]	2
To [illegible] to examination	2
To [illegible]	1
To [illegible]	1
To [illegible]	1
To [illegible] feelings of patient	1

[1] [illegible] appeared in the Journal [illegible] articles [illegible] May and September, and in [illegible]

Problems as Stated by the Students

1. Making the patient see the importance of keeping a urine specimen. Making the patient see that his future depends on keeping to his diet and not eating outside food.

2. In diet kitchen could not seem to impress upon him the importance of keeping his diet. He has been used to eating three big meals a day and he had the impression that he was being starved to death in the hospital. Couldn't see why he couldn't have as much meat as he wanted, because it didn't have sugar in it.

3. Refusal to bathe because of its being too much bother for the nurse. Eating food not included in her diet, as vinegar and oranges.

4. The patient presented herself first to me as a problem when I was in the diet kitchen. I found that she was in the habit of eating foods of high concentration, a thing highly disapproved of for a diabetic. She does not like vegetables, so cooking a diet that appealed to her was a trifle difficult. Then on the ward, the complaint came to me that she had eaten bread from another's tray. As she could not be watched all the time trays were being served and, even if she could, that would have been a wholly undesirable plan, I had to talk to her and explain gently enough so as not to discourage her with her condition and still forcibly enough to make her realize its importance. I do not believe it has happened since. A habit of chewing tobacco had been formed and was not to be broken by merely crossing the door into a hospital. A diabetic chewing gum has helped partially with this problem. She keeps her basin covered and always empties it herself. She is very coöperative in every other way.

5. However, one problem was to watch her closely enough for insulin reactions, and to be able to decide when one was beginning. Also she got to the place where she didn't like to have her blood sugar taken very well, and it took some reasoning and coaxing both to convince her of its necessity. Occasionally she would become a little homesick, but these times didn't usually last long.

6. The only trouble I had with patient was to keep him satisfied with his food. When he first came into the hospital he coöperated very well and his blood sugar dropped, and he made some improvement, but after a few

days the difficulty began. The doctors had to give him a higher diet; still he was not satisfied. Of course with this higher diet large doses of insulin were given. Day after day tests were made, but sugar still remained in his urine and his blood sugar remained quite high. Then we knew he was getting outside food, but he denied this, so we all began to watch him during visiting hours. One night we discovered him eating a sandwich brought him by his brother. Then we decided we could trust him no more. He was uncoöperative and we could not depend upon what he said. So then the doctors put him to bed and had his bed moved next to the nurses' desk where he could be constantly watched. Here it was impossible for him to get food. From this time on his condition rapidly improved. Blood sugar dropped and the urine became sugar-free. To summarize this would be that he did not always tell the truth, and he could not be relied upon.

7. He would persist in getting out of bed when told to stay in bed. He would enjoy sneaking out if possible and would scold when told to get back. He persisted in talking about the doctors, and I suppose he would talk about the nurses to the doctors.

8. I did not like very much, nor did the other nurses, to give the patient her insulin because her skin was so very dry, that no matter what kind of needle one used she always felt it on inserting.

9. The one nursing problem I found was that she never complained of anything. If you found any complaint it was very fortunate, as she always said she was all right and there was never anything that hurt or pained her.

10. This patient presented few problems as to care. She coöperates very well in that way, except that she likes attention and wants her desires satisfied as far as possible. She is rather an aggressive type and exerts an influence over all the patients in that ward, sometimes for good and sometimes for ill, as when she advises them against drinking water or complains about the food. She prides herself on her intellect and knowledge of medical affairs, but is at times mistaken in her conclusions.

11. He was a rather difficult patient because of his inability to speak English well and also because of his intense hunger. He was always particular that he ate exactly one-half hour after having the insulin. If the tray was not ready in that time, he paced up and down the aisle with anger written plainly on his face. If it arrived too soon, not even the thoughts of cold food would induce him to eat before the time.

12. She was very coöperative with those in whom she had confidence. The main problem was she talked too much about herself and ward happenings as well.

13. Patient was a very depressing patient. She was always complaining and worrying about her family. She was finally convinced her family would be looked after while she was in the hospital.

14. Patient was quite coöperative, considering the fact that she is most ignorant of the laws of sanitation. I had to urge her to wash her hands often and tried to explain how necessary this was, since she was having such a purulent discharge from her abscess. Whenever she had her temperature taken I always tried to get her to do this, until I felt satisfied that she realized the importance of it. This little instance may explain to some extent how ignorant she is. One day I caught her chewing gum and, as she is a diabetic, I asked her where she got it. She replied, "May daughter done chewed all the sweetness out first then gaved it to me." I tried to explain that she must never do that again because it is most unclean. I also had quite a time urging her to eat her meals. I think now that it was because she felt so ill that she did not eat, for since she has started to get well her appetite is quite normal.

15. Arouse patient and keep her interested in something besides herself. Overcome the belief of being an invalid all her life.

Study of a Patient with Diabetes

JIM is a colored man, about forty years old. He was born in Arkansas, and graduated from a college there. He tells me that his wife is also a graduate of the same college. They have been married for fifteen years, and have three children aged thirteen, eleven and eight years. Jim's occupation is that of a painter and decorator. He must be earning enough to live comfortably, if the clothing of the family can be used as a criterion. Just before he left the hospital he received a bill of $90. This is a much greater amount than many of the patients on the public wards usually pay.

Jim was always very coöperative all the while I cared for him. He

was above the average in the matter of intelligence when one considers the average Negro on the wards. He understood the use of insulin; in fact he had worked for the Lilly Company for three years, and had had something to do with the manufacture or making of insulin. Jim sympathised with the other patients on the ward, and always did everything he could for them to make them happy. He was anxious to go home, and because of his anxiety he wanted to recover as quickly as possible. His interest in his own condition and the fact that he desired to get home made it rather an easy matter to secure his coöperation.

About three months ago Jim went to a private physician, complaining of excessive thirst and excessive urination. The physician diagnosed the case as diabetes mellitus, and put him on a diet with 5-0-15 units of insulin daily. This seemed to relieve his condition and he returned to work. He was all right until the day before he was admitted. This particular day he ate some corn muffins, peanuts, and ice cream. This combination produced a gastrointestinal upset and excessive vomiting. That night he became weak and drowsy, and went into partial coma. He was in this condition upon his admission into the hospital. Thirty units of insulin were given to bring him out of coma.

After he had been in the hospital about a week his blood sugar had decreased. A few days later it began to go up again. There seemed to be no explanation, because his diet and the amount of insulin he was receiving were both correct, and he denied taking food from outside. He was isolated on the outside porch and his blood sugar came down again. He finally admitted that the other patients on the ward had given him food. After he realised just what he had done and what the consequences meant to him he resolved to stick to his diet.

When Jim first came in his blood sugar was .536. This was very high considering that normal is .09 to .11. Just before he was discharged his blood sugar was down to .186.

In normal urine there is supposed to be no sugar. When Jim came in his urine showed 4.5 per cent reaction to Benedict's test. There was no sugar in the urine when he went home.

The doctor who examined Jim in the accident ward found the following physical findings: slight pallor, loss of weight; skin, dry and dehydrated; lips, dry; tongue, coated; and breath, markedly acetone.

The symptoms which the doctor got from the patient were: drowsiness, heartburn, constipation, loss of weight, excessive thirst and excessive urination.

The symptoms which I observed while caring for him were: *dryness of skin*, *excessive thirst*, and *excessive urination*.

The doctor's orders were to force fluids. Once Jim understood why he was to drink such a large amount of water he was willing to do so, and he kept count of the number of pitchers of water that he drank. At the end of the day he would proudly tell me that he had had three or four pitchers of water that day.

Diet and Insulin

After admission he was put on a maintenance diet of 40-40-100, with insulin 15-0-10. A week later this was changed to 50-50-120, and insulin 25-10-20. After another week the next change was 75-70-165, insulin 20-0-15. At the time of his discharge his diet was 85-75-170, and insulin 25-0-10.

The only tests that were done on him were blood sugar and Mosenthal. About the only medications which he received were sedatives and insulin.

The biggest, and practically the only, problem was to get Jim to see that his diet and plenty of water were essential to his recovery and well being. After he saw this for himself he willingly ate and drank everything given him.

One thing that I enjoyed about nursing this patient was the fact that he was so coöperative, and that he took such an interest in his treatment, and wanted to know just what to do for himself. Another thing that I liked about him was the kind and thoughtful way he treated the other patients on the ward. Nothing was too hard for him to do for them if it would in any way make them more comfortable or cheerful.

Jim has been back several times since he was discharged from the hospital. I talked to him today (10-24-28), and he tells me that he has been sugar-free ever since he left the hospital, almost four weeks ago. He is cooking some of his own food in order that he will know what to do for himself if his wife becomes ill or goes on a vacation. She received all of her instructions in the diet kitchen, and now she is passing them on to him. At the time of his discharge Jim weighed 120 pounds. He now weighs 127½ pounds.

No social adjustment seems necessary. The patient is able to carry on his work and still keep to his diet. He has been instructed how to give himself insulin, and just how much protein, fat and carbohydrate are to be included in his diet. He was also told to keep on testing his urine for sugar. He also comes back to the diabetic clinic every week.

As far as I know the patient has a good medical future. He is able to carry on his work, he is gaining weight, and he has no complications.

One thing that I should like to know is: Can this patient or any other patient go on taking insulin indefinitely with the same effects all the time, or will there come a time when the insulin will no longer have an effect?

References read on this disease:

Diseases of the Pancreas, Opie, pp. 317–364.

Statistical Bulletin of the Metropolitan Life Ins. Co., August, 1926, p. 5.

Dietary Administration and Therapy, John Williams, M.D.

"Routine Treatment of Diabetes with Insulin," Elliott Joslin, M.D., *J. A. M. A.*, June 2, 1923, pp. 1581–83.

The Story of Insulin, Edwin E. Slosson.

"Use of Insulin in Diabetes," J. B. Garlick, *Am. Journ. of Clin. Med.*, pp. 394–400.

Education of Nurses a Public Function

THE people provide agricultural, domestic science, commercial, engineering, law, religious and, to a limited extent, medical training for those who wish to follow these vocations. Then, why should they not, in some measure at least, provide for the training and education of nurses? This public function is now being performed by the hospitals, thereby, in many instances, increasing the cost of hospital care to the individual patient. Why should this extra burden be borne by the already over-taxed sick? Furthermore, while the patients are entitled to the care of properly trained nurses, the student nurses are entitled to something in addition to practical training for the years spent in training. Other vocational schools usually have one hour of theory to four or five hours of practice, whereas, even in our best schools, the nurses receive only one hour of [illegible]

Pledged Dollars

THEDA E. SCHULTE, R.N.

"WELL, I declare! what will be expected of us next?" pouted Thressa. "I have no talent, no constructive ability; how can I earn five dollars?"

"Ability! Neither have I," chuckled Anne, "but I'm willing to try something even to manicuring your nails or trimming your corns."

"You have the right idea, Anne, and be sure to make her pay well for your work," laughed Flew. "I also have a little plan of my own. Hereafter when you drop in for a cup of tea or coffee you will find a high priced tea room instead of a free lunch counter."

"Oh, Flew, you're joking!"

"No! I'm in dead earnest." Her kindly face looked determined, though her eyes twinkled.

A group of nurses sat around an improvised table, breakfasting in Flew's room on a Sunday morning. Every available chair was filled, some perched on stools, others found a resting place on the cot. The table was covered with a dainty Chinese luncheon cloth and was set with fragile china Flew had brought from Germany. One black and rose Dresden china cup and saucer was particularly attractive and Flew's prized possession. Honored guests were offered this cup and saucer. A silver kettle simmered and sang on the electric grill, the coffee percolator sent out a delicious aroma as it bubbled and perked, and golden brown toast and sizzling [illegible] made hungry mouths water. They laughed and chatted as they ate. Excitedly they talked over the [illegible] news that had almost bowled them over. The door opened slowly and a mischievous face peered in.

"I'm finished. Have you a cup of coffee and a piece of toast for me, Flew?"

"Yes, come, Lida, and sit down if you can find a place."

"What's all the discussion about? I heard your animated voices when I stepped in the front door."

"Oh, didn't you see the poster on the bulletin board last night?"

"No, but please tell me, what was it?"

Everyone tried to speak at once.

"Hush, hush, girls! Lida can't understand a word you're saying."

"Well, Flew, you tell her the news."

When quiet was restored Flew related the details.

"The nurses have been asked to pledge a Memorial Window for the new Post Chapel, and to raise enough money each one is requested to earn at least five dollars."

"And I don't know of anything that I can do to earn money," groaned Mary Jo.

"Girls, I shall take in washing," laughed Lida. "Bring me your fine laundry work and your winter pajamas. I'll charge you a pretty penny but I will turn out first class work."

"Lida, you must not undertake it; you are too tired when you come off duty to do washing and ironing."

"Watch me! It is my one accomplishment," looking at each one in turn with a grin on her face. The girls persistently scoffed at the idea but Lida insisted, "I can and will do it."

"Well, there is nothing left for us to do but follow the lead of Flew and Lida and Anne and use our brains."

Clever heads then got together and whispered and chuckled and schemed. An air of secrecy pervaded the Quarters. By evening results appeared.

Rows of notices caught the eye upon entering the front door. A stirring appeal came first.

Attention Nurses' Quarters 6

We all want the most beautiful Memorial Window in the new Post Chapel to be the gift of the Army Nurse Corps. Let us each pledge at least five dollars and endeavor to earn that amount through honest toil and the sweat of our brow. What can you do to make a little extra coin?

Place your signs on our bulletin board and let us all pull together. Make Quarters 6 the first to go "over the top."

Flew's important poster followed:

Notice! Notice!

In order to accumulate necessary funds for the Memorial Window to be given by the Army Nurse Corps, until further notice I will serve in Room 1, upon request:

Cup of tea.......................... 5¢
Cup of coffee....................... 5¢
Served in black Dresden china cup..... 8¢
with cream or lemon, extra.......... 5¢
Wafers free of charge.

ISABEL FLEWELLING

Taking in Washing!

Yes, until pledged $5 is procured for Memorial Fund:

Pocket handkerchiefs, each........... 3¢
Outing flannel nightgowns, each....... 20¢
Winter pajamas, each................. 20¢
Any other article.................... 20¢

LIDA ROGERS, Room 15

Salon du Jackson

Madame Elizabeth will give scalp massage with or without tonic. Absolutely guaranteed to please.

With tonic........................... 30¢
Without tonic........................ 25¢

Apartment 21, 1st door to left

Taxi Service!

For Memorial Window—Army Nurse Corps

Down town and back................... 50¢
Around Speedway (including Lincoln Memorial)............................ 75¢
To Union Station..................... 50¢
Trip through Rock Creek Park.......... 50¢

Make appointments early and avoid the rush.

ANNIE KEIFER, BETTY HANESBROUGH

Madame Stevenson

Your Future Revealed!

The greatest prophet of the ages will give you a satisfactory reading. Appointments given upon request.

Maximum charge....................... 50¢

SARA STEVENSON, Room 19

To Make Money for the Memorial Window

Hereafter—a charge of 2 cents rental to anyone reading our daily newspapers.

ANNIE SLATER	ANNIE KEIFER
LIDA ROGERS	BESSIE JACKSON
ELINOR SHIRLEY	BETTY HANESBROUGH

Save Your Feet!

Messenger Service Cheap!

Laundry taken over................... 5¢
Laundry brought back................. 5¢
Trips to town........................ 30¢
Trips to "Greasy Spoon"............... 20¢
Trips to Rendezvous.................. 15¢
Trip any place....................... 25¢
All for Memorial Window.

CATHERINE ANDERSON, Room 7

The Bon Annamie Shoe Shining Parlor!

Shoes shined while you wait. White duty shoes a specialty.

Charge, per pair..................... 5¢

ANNAMARIE KOCH, Room 2

To Help Swell the Fund!

Manicure your hands.................. 30¢
Manicure your feet................... 50¢
Good on corns.

ANNIE COFFEY, Room 18

The Great Chinese Mystery!

For Memorial Window.

Have you bought your chance?
Tickets for sale in Room 13. Firm of FITZGERALD AND FOX.
10 cents buys a chance.
Do not delay, you have an opportunity of a lifetime to win this exquisite prize.
Try your luck!

MISS ANNIE FOX, Room 13 (formerly with Tiffany's)
Announces that she will string beads, clean silver, reset diamonds and take care of your jewels.
Work satisfactory. Prices low.

MARY JO MILLER, Room 9.
Until $5 pledge is paid to Memorial Fund
Will take in plain and fancy sewing.
Darning dirty hose a specialty.
Prices reasonable.

These notices soon were followed by others. The resourcefulness of the nurses knew no limit. The quarters became veritable beehives of industry. Businesslike lists were posted on doors with hours for appointments. Pasteboard boxes were conveniently placed to receive small coins.

Flew's room was popular as ever; her tea and coffee service brought in a nice little profit for there were always hungry girls to be fed. The black Dresden china cup and saucer never lost its desirableness and proved a money-maker.

Lida at the wash tub in a colorful apron, rolled-up sleeves, hair knotted in a bun at the top of her head and wearing soft, comfortable slippers, became a familiar figure. A quiet smile lighted her face each time a line of clean linen hung out of doors drying.

Anne and Betty handled their growing patronage in an expertly proficient manner. A daily plea was: "Betty, will you take us to town? We have shopping to do."

"But I have already made two trips, I must now return to duty. Ask Anne, she will be here shortly and will be glad to accommodate you."

It was also most convenient to have a taxi service at command when guests arrived who wished to see the beauties of Washington.

"I never know where my newspaper is or may be found," wailed Elinor, coming in late and tired. Voices here and there shouted the news to her across the hall adding personal comments and bidding her be patient. But the pennies dropped into the receptacle prepared to receive them and that really was all that counted.

Scalp massage, shampoos and marcels increased the nickels and dimes for the Memorial Fund. Nurses presented an unusually well groomed appearance after a visit to these establishments. Unfortunately, Madame occasionally singed hair and foreheads when too engrossed in conversation.

Catherine's messenger service was used extensively to save tired feet. Not infrequently these calls came in at bedtime.

"I'm hungry! Catherine, will you go to the Rendezvous and bring me a hot egg sandwich, please? And an onion sandwich for me; and one for me, too," called Mary Jo.

The "Bon Annamie Shoe-Cleaning Parlor" received the support of many, as evidenced by Annamarie's dismayed cry:

"Great Caesar's ghost! Look at the row of dirty white shoes, two, four, six, eight, ten, twelve pairs!" Despairingly she beheld the array set out for her to clean, but with a grim determination she tackled her job, and lo, a spotless line stood ready for the morning.

Miss Norris planned week-end trips and motored parties of four to Shenandoah Caverns, Annapolis, and other places of interest at a dollar a person. Her fund grew at a rapid pace and in a short time far exceeded the required amount.

Groups of nurses socially inclined entertained by giving card parties in Quarters 1 and Delano Hall. These parties were much enjoyed and realized a large sum for the Memorial Window.

Would the goal be reached? Slowly pennies and dimes and dollars accumulated as month succeeded month. Results at last! Hurrah for the nurses! They had gone "over the top." The stained glass Memorial Window for the Chapel was an assured fact.

Nurse and Social Worker

An Adventure in Understanding

ELEANOR SLATER

THE two words *Health* and *Whole* are shown, in the history of languages, to be next of kin, and their common parentage rests on an age-old truth which has found a growing place in the art of healing. Slowly the vision that health can be brought to an individual only by treating him as a whole man in a whole society has penetrated the solid structure of hospital organization in the materialised fact of Hospital Social Service or its equivalent.

Of course anything which enlarges the scope of the hospital's responsibility to the patient must enlarge, at the same time, the outlook of nursing, but precisely how this widened outlook may best be translated into terms of well correlated activity is a tough and sinewy problem. There is much thinking yet to be done by both nurses and social workers on how they can most adequately serve each other in the furthering of their common task of service to the patient.

It may not be immediately clear to all nurses how it can bring them added opportunity that other hands are ready to take over the responsibility of the hospital for the more personal and non-medical aspects of the patient's treatment. To some it may even lay a limitation on their activities. A medical-social worker, who is also a graduate nurse of several years' nursing experience, once said to me:

> The more social work I do, the more I feel that nursing lost its big chance by not taking upon itself these duties which I am performing each day under a different title.

She appeared to feel that it was a rebuke to nurses and doctors for failing to meet the obligations imposed by an enlarging social vision.

Of course, no such indictment is implied; it is merely one more example of the specialization of function that is everywhere increasingly present in hospital work. There have always been nurses of vision and energy who have gone beyond their required duties in meeting the larger social needs of their patients, as did the general medical practitioner in less highly specialised days. Moreover, occasional hospitals are proving that nurses are equal to this enlarged responsibility by carrying out a social follow-up of their patients by means of nurses alone. And any nurse who works in a hospital where there is a social service department, when she considers further, must find in that fact of organization a greatly increased opportunity for serving the patient in the ways that she alone can serve him.

Heretofore, a nurse may have been almost painfully conscious of the non-physical needs of her patients, but she was powerless to meet them. She may have seen the corrosive forces of financial or domestic worry, of fear, of industrial maladjustment, working in fevered minds, but she could not track them to their source to relieve them because of the limits laid on her strength by her arduous regular duties. Now, instead of this helplessness, she has waiting to come to her aid an alert and expert group of workers, trained and employed to do this very thing. It should vastly increase the stimulus for developing her powers of insight that there is a way of meeting the conditions which

such insight uncovers. It robs it of its poignant futility.

This result depends, however, on a close coördination of the nursing and social service staffs. There must be a mutual understanding of each other's plans and purposes on the part of the two groups of workers, and to bring this understanding to its full ripeness there is yet need of the further education of both professions and a better interpretation of the one to the other. The social worker needs to realise more vividly the key-position held by the nurse in the relation of hospital to patient, and to acquire methods of utilising this help for the perfection of her service. The nurse, for her part, needs to realise the opportunity and obligation which this key-position entails by developing her powers of divination, building up more angles of insight, social and psychological, and by taking upon herself the obligation of rendering her findings to social workers in a concise and adequate form.

Of course, many of the cases receiving the attention of social service departments are referred by nurses. But what a waste it is that there is not more pooling of information—that nurses are not always sufficiently in the confidence of social workers to know what their plans are for the patients under their care, and that social workers do not have the full use of all the wealth of insight into the personalities of the patients which a wise nurse can give!

One can cite endless cases to prove this point. There is ceremonious and suave Mr. D'Angelo, who has promised with solemn eyes and elaborate vows to wear an expensive brace purchased for him out of special funds. Nevertheless, he turns up in clinic each time without it, much to the embarrassment of the social worker who authorised the expenditure. But the nurse who labored for three weeks to keep him horizontal and compliant on a Bradford frame could have foretold it would be so.

With Max Hermann, it is a question not of intention but of capacity. He is recovering from an injury which will leave him disabled, and social workers are trying to decide whether or not he will be likely to profit by vocational training. But it is hard to penetrate his clumsy shyness to sound the latent capacities underneath. The nurse has other ways of knowing. She has seen him struggling day by day with his handicap, has measured his degree of resourcefulness by the way he shaves or feeds himself left-handed, knows his pluck and manual dexterity—or the lack of them—by a hundred small signs. Her testimony would have great value.

With little Betty O'Flaherty, it is a matter of penetrating disguises. She is a small, wiry, nervous, "problem child" who is a possible candidate for foster-home placement. Her mother is a canny one, with ends of her own to be gained, quick in artifice. She is wise to the ways of social workers from frequent skirmishes. With one eye on the official white smock she manages to concoct what she regards as a proper scene whenever she visits Betty in the hospital in the social worker's presence. But when it is only the nurse that is there, she subsides into naturalness, and what a difference it makes! There is a certain background quality about a nurse that makes people forget to play-act in front of her as she goes about her duties.

As the nurse moves about the ward, she has an opportunity of delving deeply but unobtrusively into the personalities of those she tends. She has the daily opportunity of piecing

together their environments out of the little fragments of speech and gesture, out of the shabby (or glossy!) figures of family or friends, out of the little jokes and solemn confidences—out of all the homely manifestations that are the eloquence of the inarticulate. The social worker on the other hand, although she has the great advantage of home visits, is barred from just the same intimate knowledge of ward patients by the brevity of her contacts, the greater artificiality of her approach, and by the shyness, even the suspicion, aroused in the patient by the interrogations of a stranger whose function he cannot clearly understand. Here, then, is the point where nurses and social workers must come together in a generous interchange of experience if the patient and his problems are to receive the fullest consideration. It is, in very truth, an adventure in understanding, involving imagination and breadth of vision, for two groups of workers to aim to draw so close together; but remedial effort can not afford to be satisfied with anything less than the full richness of the combined experience of all concerned.

Of what inestimable value the nurse could be, called into conference with the doctor and social worker, when plans for the patient are being formulated—if, and only if, she has kept her eyes open. Frequently she might be of service as an interpreter between the social worker with her message to be conveyed and the patient with his fears and reticences in cases where she happens to be the person most completely in the patient's confidence—but only if she has trained her imagination for the delicacy of tact needed for such a task. All coöperation involves self-preparation on the part of each group.

To be prepared for her part, the nurse must supplement her natural sympathy by all the buttressing facts she can collect about the traditions and customs which shape the lives of different nationalities, factors of religion and culture, of industry and legislation—in short, the social backgrounds of nursing. One gets a little of this from lectures offered on public health and social service in training schools, and from one's own experience, but seldom to a sufficient degree. Might there not be a definite place for such subjects in the training school curriculum, somewhere on the borderland between nursing ethics and psychology? Of course a person can be a proficient nurse without this breadth of outlook, but she cannot fully utilise, without it, that key-position of the nurse already mentioned, in rendering her peculiar service to patient and social worker. With it, she can work gradually and unobtrusively toward turning a fact of hospital organization into a cherished opportunity; and she will find, to her surprise, what a tang and fascination it has added to her job.

A New Scholarship

THE Department of Biology and Public Health of the Massachusetts Institute of Technology in Cambridge announces a scholarship for public health nurses in health education to be awarded the next academic year. The scholarship will carry full tuition and is open to those wishing to prepare themselves for professional work in health education. The scholarship is to be awarded before the last day of July, 1930, upon the basis of previous academic record, professional accomplishment in the field of health education, need, and likelihood of future contribution to health education.

Application blanks may be had from the General Director of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City. Applications close June 1. Candidates must be high school graduates.

Tannic Acid Treatment for Burns

HARRIET GRIFFIN, R.N.

IN a large industrial center, where we have a number of various types of burns, we have had an excellent opportunity to observe the results from this method of treatment.

Our experience has shown us in what cases tannic acid is indicated and why certain types of burns and conditions of the patient contraindicate the use of tannic acid treatment. In this department we average a number of extensive burns, second, third, and fourth degree, at all times.

We have proved that for hot water and steam burns, where the patient is at least fairly clean on admission, or where the patient is not too badly shocked to permit of the necessary cleansing of burns and body, the tannic acid method is by far the best method of treatment.

It must be used as a first-aid treatment. If an unguent or oil dressing has been used as a first-aid measure, it is useless to apply an aqueous solution over an oiled surface and expect good results. The burns are first cleansed with a tannic acid solution, the skin surrounding the burns is washed, and sterile gauze dressings, soaked in 5 per cent or 10 per cent tannic acid, are applied, and bandaged in place.

The nursing care of these cases is most important. The result of the tannic acid treatment is entirely dependent on the way in which the tannic is applied, and on good detail nursing care, which must be carried out with complete surgical technic. A warm bed, duly protected by rubber sheeting, is prepared for the patient. A cradle to cover the part burned, or, in extensive burns a cradle to entirely cover the bed, is used with electric light to provide heat, one 25-watt light at each end of the cradle, or one in the middle of the cradle, dependent on the weather and the condition of the patient. If the patient is in shock, we use 40-watt lights. Cover the cradle with woolen blankets, tucking in all around, so that the heat does not escape. Watch frequently and regulate heat by lights as needed. A supply of bed linen and gowns is sent to be sterilized, so that when the dressings are removed a sterile bed may be made to prevent infection. The burns are sprayed with a 5 per cent or 10 per cent tannic acid solution at regular intervals, using only enough to keep the dressings well moist. *Do not allow the patient to lie in a wet bed.* If the burns are sprayed frequently and evenly, the bed kept warm, and heat regulated, there is no fear of the patient chilling. The tannic acid

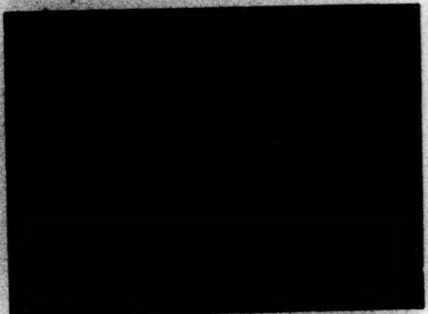


FIG. 1.—This picture shows a light weight skeleton frame made of wood by the carpenter in the hospital. The inside is draped with two large sheets (sterile) folded lengthwise. Sheets are separated to show the electric light bulb in the center. The sheets are fastened to the outside of the frame with thumb tacks, only the outside of the frame is contaminated by the draping procedure. A sterile sheet is used over the opening of the frame at the top of the bed and acts as a curtain, falling to the neck line, and is raised to ascertain the heat. The whole frame is covered by blankets tucked in under the mattress.

coagulates the protein, forming a brown crust, which usually takes from 18 to 24 hours.

The dressings are then carefully removed after having been well soaked in the tannic solution, care being taken not to remove the crusts. The patient is then carefully removed to a sterile bed, the burns exposed and allowed to dry. Continue the use of the cradle draped with sterile linen, and heat regulated as necessary. The bed linen is changed as soon as there is any moisture on the linen. Any exudate of moisture around the crusts must be dried off and crusts kept dry.

If the crusts are allowed to become moist, they become a culture medium for bacteria and will slough off, leaving an unhealed surface open to infection. The patient must be turned frequently and pressure on crusts avoided. Fluids are forced, urine examined daily, and intake and output recorded. In this department, we have orders for paraffin oil ℥ † p.m., milk of magnesia ℥ss. a.m., which permits daily bowel evacuation and is not a drastic measure. Alkalies are ordered, citro carbonate ℥ † t.i.d. or q. 4 h., and in extensive burns spiritus frumenti ℥ss. q. 4 h. If urine shows albumin, a low portein diet is ordered. The part of the body not burned is bathed frequently to assist elimination. Healing will continue until the crusts become loose and are easily removed, leaving a healed surface with absolutely no contraction.

It is particularly the nurses' duty during the healing process to encourage muscular motion. Stiff fingers, joints, drop wrist or foot, and muscular rigidity and contraction are often the result of lack of effort on the part of the nurse to encourage the patient to manipulate the joints and practice muscular activity.

Should the skin around the crusts become inflamed and tense, and the patient show signs of absorption, such as rise of temperature, delirium, and so forth, this condition would indicate infection under the crusts. In the extensive burns, if this crust is not removed, the patient will probably die of toxemia. In this department, we have used gauze dressings spread with an unguent; the unguent side of the gauze is soaked in an antiseptic paraffin oil solution, and applied next to the burns. This softens the crust in a very short time, when it is easily removed, and free drainage permitted. The burns are then cleansed with Dakin's solution or 30 per cent alcohol solution, and moist dressings are applied until free from pus, when prepared paraffin wax dressings are used. Healing is usually quite rapid. If the burns are indolent, with exuberant granulations, a moist 30 per cent alcohol dressing for twenty-four hours will burn down the granulation and stimulate the wound. Skin grafts are often necessary.

Tannic acid solution should be made up fresh, as used. It should not be boiled. We keep a flask of sterile water always ready, adding enough tannic acid powder to make a five per cent or ten per cent solution, when needed. The flask is put in warm water to bring the solution to a tepid temperature before applying.

Where the Tannic Acid Treatment Is Contraindicated

THE large majority of patients, as we receive them from the local steel mill and industrial plants, are men working under such conditions that they are covered with grime, grease, and dirt when burned. The majority of these burns are from hot liquid metal, lacerated burns from hot steel bars, or from explosions where dirt and foreign bodies are blown into

the tissues; we have also electric shock burns which are exceptionally deep.

If a complete debridement at time of admission could be done in these cases, foreign bodies removed, and burns thoroughly cleaned, also dirt and grime washed from the body, then tannic acid treatment could be used to advantage, but these cases are always in shock on admission, and the burns must be dressed quickly, and the patient put to bed and shock treated.

To apply tannic acid treatment to these cases, is to enclose all grime, dirt, and foreign bodies in the crust that forms from this method of treatment. It is easy to see how in a short time, instead of the dry healthy crust expected from this treatment, there would be suppuration from infected burns resulting in severe toxemia.

FIG. 2.—This is a picture of the same frame and bed, taken from the top of the bed, showing the light bulb in center and curtain raised. The patient can turn easily and lie in any position. (Photographs by courtesy of Dr. J. U. Buchanan, Chief Surgeon, Republic Iron and Steel Company)

Tannic acid treatment for these cases is not advised but instead a treatment that will permit of debridement before absorption occurs, such as antiseptic oil, unguents, antiseptic moist dressings, or prepared paraffin-wax dressings. Only a small percentage of burned cases in an industrial center can be successfully treated with the tannic acid method.

A Survey of Catholic Hospitals

THE official magazine of the Catholic Hospital Association, *Hospital Progress*, has devoted its entire space in the March number to an extremely interesting statistical study of Catholic hospitals which was made by the Association. The section on the schools of nursing in these hospitals opens with a vivid forward-looking statement, part of which we quote:

> Particular interest attaches at the present time to a study of the relations between schools of nursing and hospitals, by reason of the impending changes in that relationship. Any survey, therefore, of schools of nursing at this particular moment may be looked upon as a study of the dividing line between the old and the new eras. If the truth must be told, many schools of nursing were established in connection with hospitals in the past as much because the hospital needed the student nurses as because of the desire on the part of the hospital authorities to assist ambitious girls toward a professional career. The school of nursing in the past existed largely for the sake of the hospital. In the future the hospital will adopt the same attitude toward the school of nursing as it has already adopted toward schools of medicine.

According to the report "only one out of every five schools is a school under Catholic control, one out of every four student nurses is a student in a Catholic institution"; in other words, schools under Catholic auspices have relatively large student bodies.

In common with other hospitals, the

period from 1900 to 1910 was productive of a large number of new schools. It is surprising to note, however, that 61 new schools, or 14.2 of the total number of Catholic schools, were organised in the decade just closed. The report says:

What effect on the multiplication of schools the present tendencies in nursing education will have, it is too early to see. This much seems certain, however, that many factors will tend to reduce the number. The rumor that "there are too many nurses" which has become so current during the past few years will unquestionably deter many hospitals from opening new schools.

Apparently those responsible for the study do not believe that the studies of the Grading Committee conclusively proved that the "rumor" was based on demonstrable fact.

The influence of the various national standardising agencies is brought out by such statements as "of the 426 schools of nursing attached to Catholic institutions, fully 379 are listed in the official list of institutions accredited by the state boards of nurse examiners"; and "only one-fourth of our schools are attached to hospitals which have not yet merited the approval of the American College of Surgeons."

On the subject of affiliations we find that a fairly large percentage of the schools have been conscious of their own inability to meet the high requirements of present-day nursing education and have sought to supplement their deficiencies by seeking closer relationship with other institutions. As a further development of this line of thought we may turn to the question of entrance requirements for our schools of nursing. College-entrance requirements are now fairly generally enforced in schools of nursing, the completion, namely, of a standard curriculum in an accredited high school. Two hundred and thirty-three, or 54.3 per cent of our schools of nursing, meet this requirement.

The four-year-high-school requirements, which have become the standard for collegiate institutions, is rapidly becoming the accepted standard for admission to schools of nursing. The entire training system for nurses has thus entered upon a phase of development by which the entire curriculum can be placed upon a strictly collegiate basis.

The actual carrying out of this ideal, however, implies a great deal of readjustment which must still be effected. In the meantime, many of the schools are making very definite efforts toward the realization of the ideals. It must be admitted that there is considerable room for argument as to the desirability of placing all nursing schools upon such an educational level. Nursing education is not by any means the only professional field in which this question has been agitated but, as has happened in other professions, the nursing profession, too, will soon realize that advanced theoretical training is not in conflict with improved practical efficiency no matter what might be said concerning the conflict between theory and practice.

An Appreciation—

Mary Grace Hills, R.N.

THE Board of Directors of the Visiting Nurse Association (New Haven, Conn.) has so long trusted to Miss Hills' good judgment that even an action of such serious import as her resignation carries with it the knowledge that she must have given the same careful consideration to this step that has marked her whole course. We are therefore obliged to accede to her long cherished wish to be relieved from her arduous duties at the end of twenty-five years of distinguished service, although we know her decision brings dismay to the nursing staff and regret to the community.

There was a genuine missionary spirit in her willingness to enter so heartily into an experiment in 1904, and her unswerving devotion to the ideals of the beginning has made heavy demands upon her strength and vitality. No one but Miss Hills herself really knows how many and serious the problems of our rapidly growing organization have been. She has given her best thought to each, and not the least of her contributions to our welfare has been that she has been "happy in solving problems."

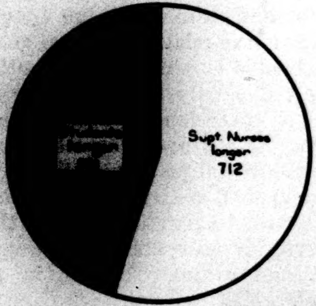
Her skillful and winning presentations of the work have enlisted many friends and brought much support to it. Her rare discrimination in choosing helpers has kept the personnel upon a high plane. No one can measure what her personal influence and guidance have meant to the many nurses who have come and gone through the years.—Twenty-fifth Report of the Visiting Nurse Association of New Haven, Conn.

Who Stays Longer?

IN the geographical groups known as the West North Central, West South Central, Mountain, and Pacific States, the typical student nurse is in her school longer than is her own superintendent of nurses. The typical student nurse holds her place as a student for 36 months; but in the geographical divisions just mentioned the typical superintendent of nurses holds her position for 24, 27, 32 or 33 months. In the East North Central, South Atlantic, and East South Central divisions, students, and superintendents of nurses typically stay in the school 36 months each. In the New England and Middle Atlantic States, the tenure of the typical superintendent of nurses is longer—44 and 46 months respectively. For the country as a whole, half the superintendents of nurses have held their present positions 36 months or less, and one-fourth of them have held their present positions fifteen months or less.

Of the 1,293 schools for which the superintendent of nurses has given the Grading Committee a statement of how long she has held her present position, 712 schools, or 55 per cent, have had the superintendent of nurses longer than any of the students in residence, while 581 schools, or 45 per cent, have had at least some of their students longer than the superintendent of nurses.

Size of school seems to have remarkably little effect upon the probable tenure of the superintendent of nurses. The smallest schools and the largest schools hold their superintendents somewhat longer, but the schools intervening show very little difference. For schools with nine students or less, 66 per cent of the students have entered since the present superintendent of nurses took her position. For schools of from 10 to 200 students, the percentage is close to 50, with very little difference between the groups of schools of different sizes. It is only for the 21 schools which report 200 or more students that the percentage rises. For these, 81 per cent of the students have been at the school less time than the present superintendent of nurses.



Of 1,293 schools for which specific data were available, 712, or 55 per cent, have had the present Superintendent of Nurses longer than any students have been in residence. In 581 schools, or 45 per cent, some or all of the present student body have been in residence longer than their own Superintendent of Nurses

What does this mean for nursing education? It means that for nearly half the schools in the country the students have lived through a change in educational administration. Almost inevitably, when the superintendent of nurses leaves and a new one takes her place, the result is disorganisation, months of slack periods when education cannot be pushed forward aggressively because no one knows what the new policies are to be. It means changes in methods of keeping records and, not infrequently, the loss of information concerning the present student body, which is essential if sound educational policies are to be carried forward. One fears, also, that in too many cases it means that the students have had to live through a period of broken morale, to which, even though they do not know the

cause, they must inevitably be sensitive.

Part of the reason for the excessive turnover is that conditions of employment for superintendents of nurses are not satisfactory. There seems some evidence to indicate that dissatisfaction is not primarily based upon questions of salary, but rather arises from a lack of agreement between the superintendent of nurses and those who control and administer the hospital as to her true relation to them and to the school of nursing. Where authority is not clearly defined and where there is confusion in thinking concerning who is really responsible for the educational policies of the school and who shall control the assignment of students to practical service there is inevitably an opening for disagreement and ultimate change in personnel.

The second reason, probably, for this serious repeated turnover among the heads of the schools is that there are as yet very few institutions which offer advanced courses in educational and institutional administration which especially fit women for the position of superintendent of nurses and principal of the school of nursing. Although the nursing profession itself is dangerously overcrowded, this overcrowding does not occur in the higher administrative ranks. There is a shortage of women properly prepared for the higher hospital positions, and the result is active competition between the hospitals, with a bidding against each other for the services of women who are considered superior administrators. Dissatisfaction with their present working conditions, the hope of more satisfactory conditions in a rival hospital, probably explain in considerable measure the large black area in the diagram.

The Grading Committee has gathered these figures as part of the first self-survey study. They indicate an educational situation which blocks progress. The Committee would welcome discussion from *Journal* readers, offering suggestions as to practical measures which might be urged for lengthening the tenure of superintendents of nurses in training schools.

One leading nurse educator to whom this diagram was shown commented as follows:

Five Changes Are Needed

1. An understanding of the needs of a school of nursing on the part of boards of trustees controlling hospitals.

2. Better organization of the school and more distinct understanding of its functions.

3. A concerted demand on the part of hospitals for better qualified women. If such a demand existed, there would be larger numbers of women preparing for those positions.

4. A more dignified basis for the position of superintendent of nurses and the principal of the school. In many instances where great responsibility rests on the person who holds this dual position she needs more authority, better status, and more assistance.

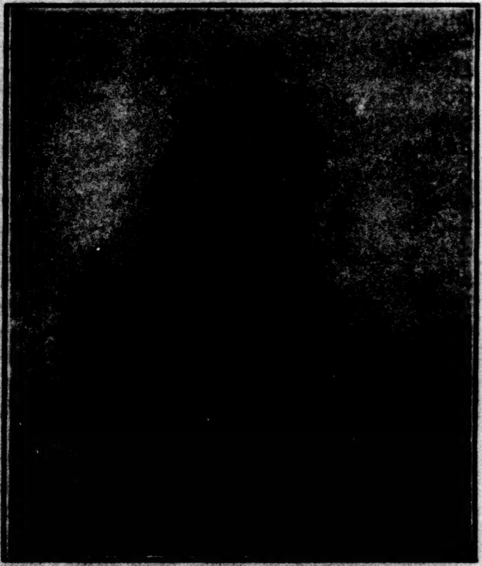
5. A recognition on the part of nurses everywhere that to accept a hospital position involving responsibility for a school of nursing implies the careful weighing of ethical considerations. Conditions which obviously would make a successful school impossible should be sufficient reason for refusing the offer, no matter how attractive other pictures might be. Discussions of nursing ethics should include clear standards as to conditions under which one may or may not ethically change from an old position to a new one.

Dr. William Henry Welch

To have stepped, in the prime of life, into a position of acknowledged intellectual leadership in the profession of his choice; to have occupied that position, albeit unconsciously, for those forty years which have seen the most rapid strides in medical progress of all time; to have had such influence in the furtherance of the medical sciences in this country as to turn the tide of students seeking opportunities for higher education from the Old World to the New; to have been as ready in countless unrecorded ways to share his time and thought with those who were inconspicuous as with those who sat in high places; to have been no less universally respected for his great learning than beloved for his personal charm and companionability; to have stood knee-deep in honors unsought and to have remained seemingly unaware of them; to have rounded out with distinction two successive university positions and, with enthusiasm undimmed, to be now well launched on a third which he is no less certain to adorn—

To have done so much, in so many ways, for so many years, and to have aroused no shadow of envy or enmity on the way, betokens not only unselfishness of purpose but that fineness of character which always has been and always will be an inspiration to mankind.

ON April 9 our nation at Washington, and scientists in important centers throughout the world, honored Dr. William Henry Welch on his eightieth birthday. With a rich native endowment enhanced by careful preparation at home and abroad, Dr. Welch entered his chosen profession just before Lister demonstrated the triumph of antiseptic surgery and before Pasteur and Koch demonstrated that infectious diseases were caused by microscopic organisms. Dr. Welch's notable contribution to the health of the world throughout these years—and for the years to come—was extolled in felicitous and moving eloquence before an audience which filled Memorial Continental Hall in Washington and which was made up of those, themselves eminent, whose shining faces reflected their love for him whom they call friend. Dr. Simon Flexner, once his pupil, and Dr. Livingston Farrand, President of Cornell University, both spoke of Dr. Welch's outstanding gift, among many gifts, for finding the able but obscure student and starting him on the path of progress.



Reproduction of the etching by Alfred Hutty presented to Dr. Welch on his eightieth birthday. Copies were sent by the Committee which planned the celebration to scientific institutions throughout the world.

President Hoover described him as "our greatest statesman in the field of public health." "Our age," said the President,

> is marked by two tendencies, the democratic and the scientific. In Dr. Welch and his work we find expression of the best in both tendencies. He not only represents the spirit of pure science, but constantly sees and seizes

> opportunities to direct its results into service of human kind. . . . Dr. Welch has happily combined in his character and intellect the love of truth and the patient experimental habit of the pure scientist, with the ingenuity of the inventor and the organizing vision and energy of the promoter of sound enterprise—and combines all these things with a worldly wisdom and gracious charm that has made him a leader among men.

Dr. Welch, thanking the President and those who had so signally honored him, said, in part:

"If I have handed on any intellectual heritage to pupils, assistants and associates, whose work and achievements have been the greatest satisfaction and joy of my life, it is derived from that which I received from my own masters," and comprehensively, felicitously, gracefully acknowledged his debt to those who, at one time or another, had wrought with him in his scientific and humanitarian endeavors. Such is the modesty of true greatness.

Nursing has been fortunate in sharing in the multitudinous activities of this extraordinary man. As a member of the Committee on Nursing which brought out the so-called Rockefeller Report, Dr. Welch gave the faithful service of attendance at meetings and the constructive service of thoughtful discussion of the problems as they arose. But his interest in nursing antedated that important study. In a Commencement address at the Johns Hopkins Hospital School of Nursing in 1916, he said:

> There was a catchword at one time—one may possibly hear it today—that nurses were being over-educated. Now I think nothing is more absurd than to talk even of the possibility of the over-education of the nurse. That it is possible for a nurse to know too much, to be too highly qualified on the practical, scientific and intellectual side of her profession seems to me to be highly absurd. . . . The great difficulty is that the education of nurses has not been treated as the education of doctors and college students has been, as a subject for endowment.

Still later he wrote:

> My experience in nursing goes back to Sister Helen and old Bellevue in New York City. I have seen marked progress in nursing education, and all the improvements are to the credit of the nurses themselves and the leaders among them, many of whom belonged to our own school. Still the old system prevails to a great extent. What is necessary now is to change the system completely to a new and better system, still within the hospital, still a part of it, but a system of which the object shall be primarily to educate nurses and not solely to serve the hospital. If we are to make these changes an endowment is necessary, and our school should take the lead in getting one as it has taken the lead in other things.

An enumeration of the centers of medical education with which Dr. Welch has been connected, as student or as teacher, would be too long to make at this time, but the reputation he established among his co-workers is shown by the fact that, when the President of Johns Hopkins University inquired in Europe for a scientist to guide the new medical school, he was informed that the ideal man for the position was an American, William H. Welch. His work in the establishment and development of the school, where he was dean as well as professor and pathologist, soon put him among the leaders of his profession. In 1918 he became Director of the Johns Hopkins School of Hygiene and Public Health, the first of its kind in the world. At the age of seventy-six, he was ready to accept the position of Professor of the History of Medicine, to establish the Johns Hopkins Institute of the History of Medicine and to make a journey to Europe to study similar institutes.

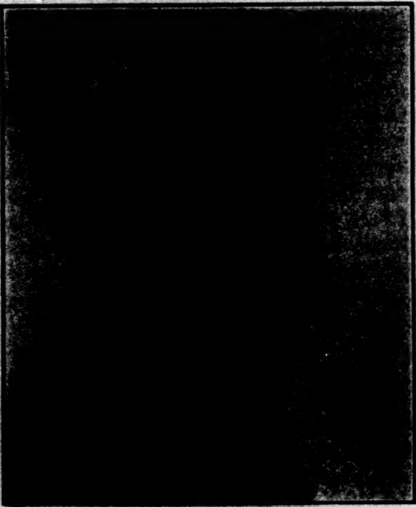
Humbly we offer our tribute and acknowledge our indebtedness to this great man.

Some Specialists

Hazel Corbin, R.N.

ONCE upon a time, not many years ago, there was a terrific explosion near New York. Many men were severely burned and wounded. The Red Cross needed nurses. Among those who responded was a group of public health nurses, who hastened across the Hudson after their day's work. They found suffering, fear and chaos. From the local hospital, where every available bed had been filled with the injured, where every doctor and nurse had been drafted into disaster service, came a call for a nurse who knew maternity care, to meet another emergency. Fortunately, there was one well versed in maternity service in the New York tenements, accustomed to meeting emergencies. She went to the maternity ward, where more than a dozen women, because of anxiety and horror had come, prematurely, in labor.

That nurse delivered, during the tense, tragic night, seven babies—every one was all right and every mother was soothed and cared for to the limit of the emergency supplies, and then she worked through the next day and night in the maternity ward, organizing, ordering, helping every student nurse and every mother, until the regular hospital staff could cope with the unusual responsibility. That nurse was Hazel Corbin.



HAZEL CORBIN, R.N.

To secure to each mother the minimum of mental and physical discomfort during pregnancy, a maximum of mental and physical fitness at its termination, with the reward of a well baby and the knowledge whereby mother and baby may be kept well.

What listening nurse has not heard Hazel Corbin, through written or spoken word, thus proclaim the purpose of adequate maternity care? Everywhere that communities are interested in saving mothers and babies, the wonderfully organized educational work of Maternity Center Association has gone. And Hazel Corbin has been for seven years general director of the Maternity Center Association; for six years previous to that, assistant director, field director, and field nurse. Beyond that are the Brooklyn Hospital

School of Nursing, and Pictou Academy, Nova Scotia.

Born near the sea in a community of fishermen, where folk face the elements and depend much upon their own resources, Miss Corbin's outstanding characteristics reflect these early influences. In dealing with people, she shows ready sympathy, delectable humor and a kindly understanding. In dealing with situations, she has the ability for quick analysis, consistently good judgment, crisp decision, sure action and startlingly successful results. She is an administrator, business woman, publicity agent, teacher, and counsellor in Maternity Center Association. But best of all, she is an excellent nurse, able to carry out every nursing procedure connected with maternity care just a little better than almost any other nurse; at least that is what the patients think.

Whatever helps mothers and fathers before or after the baby comes is of interest to Miss Corbin. With her associates she has studied the needs of all types of pregnant women and worked out simple and easily understood routines that will help every mother. Any nurse may profit by this careful work, as the standards and routines are readily available. There is no phase of the maternity care that Miss Corbin has helped develop in which she has not perfected herself before reaching it and delegating responsibility. In her training she had unusual experience. Under supervision she delivered more than seventy babies, and from that time her deep interest in maternity care and its problems has been evident. She was the first field nurse of the Maternity Center Association, and in order to carry the message of that organization into the homes of New York's East Side, she went from door to door. Here she showed those qualities so valuable in a public health nurse—versatility and ingenuity. She helped a tearful bride skin a rabbit and make her first rabbit stew, which the young husband craved. She cajoled the irate Irishman into good humor and friendly coöperation. She wheedled the Italian grandmother into abandoning her old-world practices. She got the help of the corner druggists, the policemen and the janitors. It is little wonder that Miss Corbin has spent thirteen years of her life at this work, for she sincerely believes that teaching the need for adequate maternity care is as valuable as giving the mothers that care, and the educational process is long and slow. In those early days, one woman was reported as needing care very much. Miss Corbin visited forty times before gaining admission to the house. After the contact was made, the woman was never-endingly grateful for the help given.

Two other qualities which make the successful public health nurse and specialist Miss Corbin possesses to an unusual degree—ability to work with people, all kinds of people, patients, nurses, doctors and board members—then an insatiable desire to know all the facts relating to maternity and the reasons for those facts. Miss Corbin has availed herself of every opportunity to learn about maternity care and to apply that knowledge.

Editorials

Schools Graded—at Last!

CONFIDENTIAL reports on the status of each of the schools which voluntarily participated in the studies of the Grading Committee will soon be on their way to more than 10,000 people. The first section, we are told, deals with nursing economics, educational standards, and with the quality of the student body. It is to be hoped that other sections will follow rapidly so that complete reports may be in the hands of responsible persons well in advance of the opening of the school year in the autumn.

Wise principals of nursing schools for months have been preparing for this momentous event. They have studied the red book, *Nurses, Patients and Pocketbooks*. After marking sections bearing on particular problems, they have put it into the hands of boards of trustees, doctors, and other interested persons. Indeed, they have been so alert that the supply of the book is about exhausted. They are ready to receive the report. They know that they are being graded on the reports they themselves helped to prepare, which means upon statements of bald fact, tempered by a certain amount of inevitable inaccuracy in the reports. They know that only tangibles can be graded and that precious intangibles, like the quality of teaching and the things of the spirit, for the time being must be omitted because they cannot be graded by the statistical method. They know that relatively few factors out of the total which make up a school of nursing are considered in this first grading and that this may put them at a temporary disadvantage, since some of the things in which they have greatest pride are not yet under consideration. They know that they are graded or ranked exactly as other schools are graded, that is, according to what schools of nursing are actually doing and not on hypothetical standards. They know that the study is necessarily limited by the technic used in making the study.

Wise people are prepared to make the most of this opportunity. Some weaknesses of which they are already well aware will be shown up. Those who are unduly sensitive may be hurt at lower standing than they had hoped for, but they will remember that the study is not local, but nation-wide, and that the next studies may bring out their strong points. Armed with the report they will seize upon the opportunity to discuss the weaknesses and their possible remedies with the appropriate persons. Since the records were made a full year ago, it is believed that many principals will be able to point to marked improvements already under way. As many a letter testifies, the mere collection of the data set the principals to thinking and to planning.

The reports of many schools will, on request, go directly to trustees as well as to the hospital superintendent and to the principal of the school. Wise nurses are not preparing alibis, they are carefully preparing to give

constructive answers to the questions which inevitably will be put to them by these persons. They welcome the opportunity for discussion of knotty problems on the impersonal basis of the reports. They have reviewed the Goldmark report as well as the red book. They have been watching and analyzing the monthly reports in the *Journal*. They have been studying the Curriculum put out by the National League of Nursing Education. They are well fortified for they have not been waiting supinely for the Grading Committee to report.

There are foolish virgins in some large schools and very wise ones in some small schools. On the very day this is written, a letter bearing the name of an important institution has come, asking "Where can I find out about the work of the Grading Committee?" and this despite the fact that an article from the office of the Grading Committee has appeared in each number of the *Journal* for many, many months.

When the College of Surgeons was beginning the standardization program which has been so extraordinarily effective in improving hospitals and hospital service, a witty superintendent used to tell of his own attitude toward the inspectors. Knowing that his record system would not bear inspection, he fairly flaunted the splendid new operating rooms in the inspector's face. But operating rooms were not being studied; record rooms were. Quite undazzled, therefore, by the tiled and Monel-metalled sanctum of the surgeons, the inspector insisted upon inspecting the record system. It was some time before that superintendent could laugh at his own discomfiture, but he found swift means of improving his records, because the College had provided for just such situations and was prepared to show him how to set about securing needed improvements.

Inspectors for state boards of nurse examiners have described three kinds of principals—those who attempt to conceal weaknesses and so avoid criticism, those who resent even constructive criticism, and those who accept the inspectors as friendly co-workers and act upon their advice and suggestions. This latter group will profit, readily and immediately, from the studies of the Grading Committee, others at an unnecessary emotional cost to themselves, but we firmly believe that all will profit ultimately.

Impending Change in Nursing Education

THE Hospital Number of the *Journal of the American Medical Association* contains that association's ninth study of hospitals in the United States. The Survey number of *Hospital Progress* gives an exceedingly interesting compilation of data on 641 Catholic hospitals in this country. The first grading of schools of nursing will soon be mailed to those participating in the study.

Each study has some bearing on the others, for hospitals, doctors, and nurses exist for one common purpose. For example, there is a very real significance for those responsible for the preparation of nurses in the statement of the *Journal of the American Medical Association* that:

> A powerful, though silent, trend in hospital development appears to be the withdrawal of private enterprise from the hospital field, along with an increase of county and city hospitals and those maintained under indirect corporation control.

Long ago the study of medical schools demonstrated the inadequacy of proprietary medical schools. History repeats itself in nursing schools, for every state board of nurse examiners knows the difficulties that arise

when a privately owned hospital tries to operate a school of nursing—and many do.

Says *Hospital Progress*, frankly facing "impending change in nursing:"

> Customs in some schools of nursing still give evidence of the former attitude toward the nurse. In some sections of the country she is still being "trained," in others she is being "educated."

It is a time for nurse educators to hold fast to the fundamental ideals in nursing, to pause in the heat of the day and re-examine the objectives of nursing schools. Never have these been more carefully stated than in the section of the National League of Nursing Education's Curriculum called "Practical Objectives in Nursing Education." We venture to suggest a re-reading of the section, followed by a review also of the section "Conditions Essential in the Education of Nurses." They will more than repay the time spent. And then, filled with a zeal for a constantly improving system of nursing education, it would be the part of wisdom to put the whole of the introductory portion of that volume, which may be obtained in pamphlet form from the National League of Nursing Education, into the hands of trustees, or at least into those of the nursing school committee with an impassioned plea for yet greater efforts toward uniformly good standards in the education of nurses for their work in the world, a broader concept of nursing education than is yet held by those who think of student nurses as hospital workers rather than as students preparing for a life work.

Our Understanding Friends

NOT long ago a charming lay woman walked into the editor's office with the program of a state nurses' association meeting in her hand. Said she:

> I want to know if these two people who are to speak on nursing education are really worth hearing. If they are I shall invite the President of the Board of Trustees of our hospital to hear them. He is a brilliant man. I cannot risk taking him unless they are well informed and good speakers.

On investigation we found that the alert secretary of the state association had sent a cordial invitation and a copy of the program to the president of every hospital board of trustees and the president of every public health nursing organization. The program had been planned with the greatest care. We had only commendation for the talents of the two speakers, one of whom is an eminent educator and the other a very intelligent nurse who is a clear thinker and a direct speaker.

A fine example of the way thoughtful lay women apply their knowledge to social problems! The one quoted is president of the board of a visiting nurse association. Her interest in the hospital and its school of nursing is indirect, acquired in part through the director of the visiting nurse association service and, in part only, through the director of the school of nursing.

In fancy one sees that gracious lady seizing many an opportunity arising through social contacts to push back the dark of misunderstanding about the education of nurses and their work in the world. Happy is the principal who has such "friends at court"; sad is the plight of her who believes she has "an impossible board." But—need there be any school of nursing without friends who can carry a message to Garcia? There are able lay women in any community large enough to maintain a school of nursing. Many of them function effectively on boards of visiting nurse associations

partly because of their interest and intelligence, partly because public health nurses have been at pains to inform them and to hold their interest. Directors of schools of nursing are not blind to such opportunity. They may be far away from the hospital board of trustees but they have nursing school committees which should be composed of understanding friends of both faculty and board of trustees.

The Maternity and Infancy Bills

IN the April *Journal*, Miss Noyes described some of the legislative policies of the American Nurses' Association, the method by which it works in relation to Federal legislation. Support by the state nurses' associations of the Jones-Cooper bill, designed to continue the work for mothers and babies long known as Sheppard-Towner work, was urged not only in the article but by letters to state officers.

The wisdom of having a member on guard at Washington has been amply demonstrated. Mr. Cooper has now introduced a new bill which has a totally different purpose from that which the state associations have been asked to support. According to its provisions, says Mrs. Florence Kelly, writing in the *Survey*:

> The Children's Bureau would be disintegrated by transferring all health work hitherto administered by it to the United States Public Health Service, leaving to the Bureau only an undefined field of social welfare.

This bill, H. R. 9888, in the judgment of nurses and social workers, should be killed.

Now comes word that a new bill has been introduced by Mr. Goodwin into the House. This contains the provisions of the original Sheppard-Towner bill, under the Children's Bureau. It is known as H. R. 10574. It has also been given the Senate number S. 225. It is now in the Senate Commerce Committee of which Senator Porter H. Dale is chairman. State and local associations, therefore, are urged to do all in their power to scotch the Cooper bill and to work for the Goodwin bill. Since the bill is now in a Senate committee, communications in support of the Goodwin bill, S. 225, should be sent to Senator Porter H. Dale at once.

To a Graduating Class

IT may be that there are some among you who do not look forward to any great number of years in the practice of your profession. It is possible that you have already made plans to enter another training school, that of matrimony. If this be the case, I believe that you will take to the new work a better mental equipment and a wider outlook than those of your untrained sister. The trained nurse should make a better wife and a better mother than the average untrained woman. When the right man comes remember that you need not feel that you are "off with the old love" merely because you are "on with the new" one. The married nurse may never again expect to go into active practice, but one never knows this to a certainty. Recently I had a middle-aged nurse in my office who wanted work. She married comparatively soon after graduation, a matter of thirty-five years ago. She is now widowed and her [illegible] grown children but does not feel that she should yet be laid upon the shelf. She had never joined her alumnae association as she felt that she would never need it. She was not, of course, a registered nurse, and she was unable to get on the [illegible] of the institutions which would have provided her with the kind of work she wanted. This is just one of the small but exceedingly important points for you to bear in mind. Whether or not at this time you expect to engage in the active practice of your profession, encourage all your nursing interests. Subscribe to a good standard nursing journal which will enable you to keep abreast of the times and of improvements and changes of methods, and just as soon as you pass your State Board examinations join your alumnae and pay your dues as long as you live. The financial investment is small but the dividends may be life-saving for you. From an address by Dr. Charles V. [illegible] to the graduating class of the Chester County Hospital Training School, May, 1927.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

This and That in Nursing Education and Practice[1]

E. EVERETT CORTRIGHT

MAY I assure you that the title of this paper is not facetious, nor does it indicate any attitude on the part of the speaker that the important matters of nursing education and practice can be dismissed by the use of adjectives or pronouns. The fact is that when I was asked for the topic of this paper, I was undecided on what basis I should come before you.

There is always the danger that a layman may make a sorry mess of attempting to deal with any phase of the factual situation in any profession and therefore he generally decides to save his face or whatever reputation he may possess by giving a thin, frothy, inspirational address. I have done this myself many times.

The criticisms that have been in circulation through one or another of social channels with regard to the nursing profession have to do with the "school" aspect and therefore these are educational in their implications. My entire life has been devoted to education in one or another of its manifestations. This is my only qualification entitling me to speak to you.

The institution which I represent, while relatively young in the educational world, has set out on a program of service with some clearly defined policies. It is dedicated to the proposition that all men and women are entitled to whatever education they can effectively utilize, and that it will seek affiliation not only with organizations which have achieved educational prominence, on the one hand, but with other organizations struggling with unsolved problems in their fields.

With this latter in mind, it is offering two-year curricula in three fields where the present practice is not clearly defined—nursing, library work, social work. Our purpose here is to exert a pull upward if we can in these three lines of work as well as to offer immediately a curriculum useful to the relatively small group of young women who at the present are going into our universities for their degrees in the fields of nursing, library work and social work.

It seemed valuable therefore to discover, if I could, what the present practice is with regard to the educational aspect of the practical schools of nursing. The findings would be of value to our personnel department in its advice to young women students. I have chosen, therefore, to run the risk of attempting to tell you something about what is happening in your own professional field rather than to meet you with an inspirational address, could I give it, whose evaporation is usually complete before the next sun reaches its meridian. I can

[1] Read at a meeting of the Education Section of the [illegible] State Nurses' Association, January [illegible].

hope, however, to qualify under the new definition of a specialist which runs as follows: "A specialist is a man who takes a lot of materials he knows nothing about and immediately proceeds to use them."

Nursing is the oldest field of endeavor open to women outside the home. It was practiced among the primitive tribes of the ancient world and was carried on down the centuries, largely through Christianity which first conceived the sexes equal, although the church has not always been a *friend*, at the given time, to the interests of the nursing world.

Today nursing is recognised as a highly specialised profession requiring educational qualifications of a broad cultural and scientific nature, and representing a type of work of more than usual importance to the welfare of the world. However, between the dim and distant background of the picture and its immediate foreground of today, there lie certain lights and shades without which the picture will be sadly distorted. May I lay in a half dozen of these?

Background

AFTER reaching a rather high level of development, nursing suffered an eclipse in certain countries, almost a total eclipse in fact, between 1686 and 1850. The hospitals were like prisons. Women were under absolute subjection. It was a time of masculine supremacy. The clergy frequently taught that it was improper for women to engage in nursing and substituted religious exercises for knowledge. Ridiculous directions and restrictions, that had nothing to do with health, were continually imposed. The legend that sin was the direct cause of illness stood squarely across the path: "Did this man sin, or his parents?" was a symptom of the belief of the times.

With the invention, or discovery, of chloroform, sermon after sermon was preached on the impiety of its use to reduce pain at childbirth because by scripture this pain was the result of the sin in the Garden of Eden and no one had the right to attempt to change it.

The Jews were in striking contrast to the surrounding nations and, under the leadership of Moses, codes of sanitation for the individual, the family, and the community, were developed and laid deep in the religious life of the race. They did not, however, stimulate the work of nursing because the Jewish home was in a peculiar sense a patriarchal one.

Christianity first introduced the idea of the equality of the sexes. Phoebe, a friend of St. Paul, organised on a wide scale the nursing of the sick poor. The Church, however, was opposed to dissection and not until the thirteenth century did Emperor Frederick grant permission for surgery to be practiced on the human body.

The reaction came, however, when the French, German, and English physicians, realising the need for *intelligence in nursing*, set about to develop textbooks. The Society of Friends (Quakers) demanded absolute equality of the sexes and Wesley, in developing his program for Methodism, included in his gospel a wider sphere for women in humanitarian work and provided for the creation of Deaconesses and thereby assisted in rescuing women from masculine domination and opening nursing as a legitimate and honorable calling.

Nursing in America

THE original settlers of New England had no time to foster nursing and medical work. In this, as in other matters, they were "Strict Constructionists." The Dutch in

Manhattan opened a "shelter," later Bellevue, in 1658; Blockley, later Philadelphia, another "shelter," appeared in 1751—both were dreary barracks. The Friends, with a Declaration of Humanitarian Vision, opened Pennsylvania in 1751. The New England Hospital for Women and Children in 1860 was the background for the real birth of nursing as a profession, when in 1873 the Connecticut Training School and two others were opened.

Professional consciousness was stimulated when in 1886 the first professional journal of nursing made its appearance. This consciousness found expression in a nation-wide organization under the leadership of Isabel Hampton. 1898 sees Miss Hampton and Miss Nutting arranging for university recognition in their agreement with Teachers College, and early in the twentieth century state legislation for nurse registration was the political acknowledgment that the nursing profession had received social sanction. Recognition was won and the development of the profession confided to the nurses themselves.

A Quarter Century Later

THE occupation of nursing has developed from the simple work of caring for the sick to the status of a semi-profession at certain points and of a full profession at others. In numbers, it ranks next to teaching. The fruits of~Miss Hampton's work in securing, in 1898, the agreement of Teachers College for advanced instruction to graduate nurses have been reaped as professional schools for nurses in twenty-eight universities. The usual practice is a course of three years, in affiliation with a hospital, resulting in a diploma, or a course of five years resulting in a degree of Bachelor of Science in Nursing.

A Snapshot of Hospital Training Schools at Work

Scope of Field Study

OF the 2,180 hospital nursing schools in the United States, one quarter or 524 of them are located in the ten northeastern states comprising New England and the Middle States. By official published records 56 per cent of these 524 schools require one year of high school, only, for entrance; 28 per cent require two years; 2 per cent require three years; and 14 per cent have a four-year requirement.

Information on the topics discussed below was asked of eighty-eight training schools distributed throughout the ten states requiring one year of high school, and of seventy-six training schools distributed over the ten states where two years of high school was the state requirement. The sixty replies received show that the study embraces 5,350 students in training, and, since the method of collecting the information was one of proportionate but random sampling of the total number of such training schools in each of the ten states, the findings can probably be accepted as being thoroughly representative of the practice. Each of the ten states is represented in the findings.

The study also includes certain factors regarding 2,525 graduates of the hospitals in question, or a total of 7,875 actual or prospective nurses. It may be interesting to know at this point that the average size of the classes admitted to all these hospitals in 1929 is 33.6 students, and that the average size of the classes graduated in the same year is 16.4 students, making the apparent inference that only 50 per cent of the students accepted are graduated. I am wondering how this compares with your own experiences.

State Registration Requirements for Entrance to Nursing Schools[1]

SOURCES: Digest of the Laws of the States Requiring Registration for Nurses and Attendants compiled by Wisconsin Legislative Reference Library, and issued by American Nurses' Association, New York, 1928. List of Schools of Nursing Accredited by State Boards, published by American Nurses' Association, January 1, 1928:

4 years High School

Maryland
xOregon
Rhode Island
xUtah
Washington

2 years High School

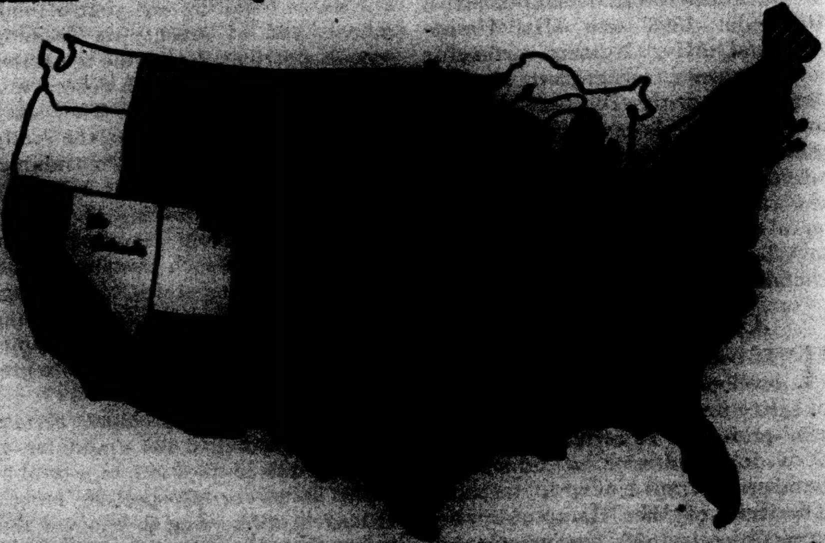
xAlabama
xArizona
xColorado
District of Columbia
Florida
xGeorgia
xIdaho
xIowa
Louisiana
xMaine
xMichigan
Montana
Nebraska
South Dakota
Virginia

1 year High School

Arkansas
California
xConnecticut
xDelaware
xIllinois
Indiana
xKansas
Kentucky
xMassachusetts
xMissouri
xNew Hampshire
xNew Jersey
New Mexico
xNew York
North Carolina
xNorth Dakota
xOhio
Oklahoma
xPennsylvania
South Carolina
Tennessee
Texas
xVermont
West Virginia
xWisconsin
Wyoming

8th grade

Minnesota
Mississippi



States requiring one year or less of high school education are printed in black; two years in cross hatch; or four years in white; for entrance to nursing school.

Replies received from those checked with "x".

Changes since map was printed:

1. Colorado............ 4 years H. S., effective September, 1929.
2. Minnesota............ 1 year H. S.
3. Alabama............ 4 years H. S., effective July 1, 1930.
4. New York............ 4 years H. S., effective July 1, 1932.
5. Idaho............ 4 years H. S., effective July 1, 1931.

[1] This map was first published in *The American Journal of Nursing, Vol. XXIX, Number 2, February, 1929.*

Preliminary Educational Qualifications

ONE of the three great questions involved in the training of nurses or of any other group of professional workers is the question of their preliminary education. My study made provision for distribution of the 1929 entering classes, on the basis of the preliminary education that they possessed, as being eighth grade, one year high school, two year high, three year high, four year high, one year college or normal, and two year college or normal. The findings disclosed, by this random sampling of hospital training schools, that they are admitting students whose preliminary education falls in each of the seven indicated groups.

The responses summarised indicate that *twenty-nine out of each one hundred students* accepted in these training schools during the past year had less preliminary education than that represented by four years of high school and that, therefore, they were ineligible to enter any normal school in these ten states. In the state of Connecticut [illegible] *per cent of the student nurses accepted* in the training schools in the same year could not have secured entrance to any one of the state normal schools, having had less than four years of high school work. Apparently there is a small group, representing 3 per cent of the total admissions, whose preliminary education involved either one or two years of college or normal school, but the bright part of the picture is presented when the facts disclose that 68 per cent of the total students accepted in these schools presented four years of high school preliminary education, a standard not required by the states in which they were located.

I wonder, however, how any superintendent of nurses knows how to proceed upon a situation presented by some of the admissions. Hospital training schools No. 18 and No. 20 had the following distribution in the entering classes of 1929:

Training School No. 18

Eighth grade	– 5
1 year high	– 8
2 " "	– 7
3 " "	– 2
4 " "	–11
1 " college	– 7
2 " "	– 2

Training School No. 20

Eighth grade	– 8
1 year high	– 3
2 " "	– 5
3 " "	– 4
4 " "	– 2
1 " college	– 1
2 " "	– 3

These classes have no common background of education or experience that can possibly be utilised as a point of departure upon which to begin training and of necessity the thirteen students in this group of sixty-eight whose education had been pursued beyond the high school should have had provisions made for completing the work in a shorter time than the others could hope to complete it. The reports on graduations with reference to acceptances in these two hospital training schools are miserably poor, showing that upon this basis of acceptance, in training School No. 18, *graduations in the three year period were 7 per cent of the acceptances;* while in training school No. 20, *graduations were 21 per cent of acceptances.* This is a tremendously expensive system of education and represents not only blasted hopes on the part of entering students but a great waste of the cost of training, since so large a proportion of the money spent is a temporary expenditure on students who never can

qualify to practice the art of nursing. And the cost of all this waste practically came out of the pockets of sick people—the ones in each community who could least afford it.

Influences Exerted on Student Acceptance

BUT can directors of hospital training schools control or determine whom they take as students? I was much interested to know what influences were brought to bear upon superintendents of nurses, in the acceptance of students who did not meet the regular requirements, and listed three possible channels:

(a) Politics.
(b) Through friends or family.
(c) Through members of the Board of Directors.

The replies indicate that, in the main, superintendents of nurses have no excuse for low standards in so far as outside influence to accept unprepared students is concerned. Less than 5 per cent of the entire replies indicated any influence whatever and, with the single exception of one naming politics and one implicating members of their board of directors, all of the influence—even in this small amount—was charged up to family and friends, and this can never be formidable. But it does not dismiss the pressure of the hospital itself that students be found for the school.

Curriculum

REGARDING the *length of term* on which hospital training schools are operating, one training school has a course of twenty months, one of twenty-eight months, five of thirty months, and all the rest have the standard thirty-six months of training. The last year is the profitable one for hospitals.

I also raised the question as to whether the instruction was given entirely by members of their own hospital staff. The answers disclose a rather balanced situation, with 56 per cent replying in the negative and 44 per cent in the affirmative. This would indicate that hospital training schools are going outside their own staff and are engaging experts to give certain phases of instruction. Many of these phases are listed, but they fall chiefly in the realm of applied science and involve dietetics, psychiatry, and other recent additions to the curriculum.

I was anxious to disclose if possible and, especially in the light of my supposition that student nurses were being accepted with almost no standard educational background, I felt it important to discover what the practice of the hospital training schools is with regard to carrying these students forward in the fields of general education—English, foreign language, history, mathematics, science—along with the technical nursing instruction. Possibly I had expected too much to be accomplished in a period of thirty-six months which, let us keep in mind, is the same period that the college takes for its four years of work. An occasional class in English was reported, but only one training school reported doing anything in foreign languages or in history (except the history of nursing which is technical), while three report that they find it necessary to drill in elementary arithmetic, and ten indicate general work in science in addition to the technical work involved. Apparently, then, we can dismiss as being practically if not wholly absent any practice to round out the widely varying qualifications presented, or to extend the general cultural possession of the entire group.

Investment in a Nurse's Education

No matter what the fallacy behind the present practice in hospital training schools, *nursing education costs somebody something;* in fact, the responses would indicate that it costs the sick people in the hospital a very large amount of money. However, if there be one field in which superintendents of nurses have little or no knowledge of the actual facts in the situation, it is the field of finance.

The first question asked what investment had been made by the hospital in the matter of *room and board* for a nurse to be graduated. The replies are so widely varying that one hesitates to draw a conclusion. The highest figure given is $1,620 and the lowest $233, while the average represents $785 or $21.80 a week for a period of thirty-six months. Practical experience would indicate that this is an excessive estimation, but the truth is that we do not know the facts nor does anyone else know them.

I raised the question regarding investment in a student's education in the matter of *clothing*, and here again the answers, while they indicate very definitely that it is not the practice of hospital training schools to furnish the clothing, show that there are nine schools in which it is furnished, the highest of which estimates $246 and the lowest $9.50.

My third question in this field had to do with the amount of actual *cash* that was paid to the student nurse during her training. The practice is almost universal to make such an allowance and the average allowance made is disclosed as being $567, with the high figure standing at $2,232 and the low figure at $54. The mode, or most commonly mentioned figure, is $422.

The last question under this heading asks for the total cost to the hospital per student for a 1929 graduate. Of course, no such figures exist in the hospitals' files; at least I am confident that only two that replied were replying from factual material. They were estimations. Reduced to averages, the total cost to the hospital is estimated at $1,377, with the high figure standing at $3,244 and the low one at $413, the mode, or most commonly mentioned figure, being a flat $1000.

Educational Costs

This section reflected more clearly than ever before that superintendents of nurses know almost nothing about costs or educational budgets because they have not been dealing with them. Reply after reply stated: "We do not operate on a budget system. I cannot answer your questions," and comment given reflected that the lack of a budget system was one of the trying questions facing superintendents of nurses.

In this section the first question was, "What is your annual budget allowance for *instruction?*" Some of the large hospitals are forced to engage much of their instruction work outside of their own hospital and therefore we find among the few who gave any figures that the high figure was $12,000 and the low figure $500. The most commonly mentioned fact is, "We have no budget."

The second question in this section was, "What is your budget allowance for the library?" because every school realizes that its common reference workshop, the library, requires an annual upkeep as does its laboratory. There were fewer budget allowances for library than for instruction, the high figure being $500 and the low figure $50.

The third question asked what the budget allowance was for laboratories

because, in all fairness to the hospital and the future work of nurses, the science work in the laboratory is of tremendous importance in the training school course and it is simply impossible to administer a laboratory without an upkeep cost. Here again the query discloses that there is no budget allowance for this account except in a half dozen training schools, the highest figure being given at $500 and the lowest at $50.

The last question in this section asked what the budget allowance was for *teaching aids and supplies*. In any school system, one of the indexes of the quality of instruction is this item. The inquiry discloses, however, that except in four schools there is no budget allowance. Of these four, the high figure is $2,000 and the low figure $150. Running throughout the whole section is the ever recurring comment, "We have no budget."

Educational Equipment

CERTAIN resources are immediately present in the mind when one speaks of a school and it seems only fair to expect that the schools conducted by hospitals shall possess certain fundamental equipment. The first question here asks for the number of classrooms used exclusively for instruction and the answers show that the average number is 2.26, the highest reporting eight and the lowest one. There were, however, certain significant failures to report which lead one to question whether the minimum is really one.

My next question was, "How many volumes in your library exclusive of reports?" Now of course every school has a library of some type from the kindergarten on up. The average number of books in these training school libraries is reported as 234, with 500 reported as the highest and ten as the lowest. Training school No. 50 was the one reporting 500 and, since it also reports that it admitted 190 students in 1929, its library is not overwhelming with less than three books to a student; and training school No. 36 is the possessor of the ten volumes and it reports admitting ten students in 1929,—a per capita possession of one, except for the fact that there were many other students ahead of those ten whose training had not been completed.

The third question was, "How many laboratories have you for your instruction work?" Every institution has a laboratory. When one considers that science is the strongest unit in the course, this is not to be wondered at. The average number of laboratories in these schools in the ten states is two, the highest being reported as four and the lowest as one.

Recitation and Class Time

SO many complaints have been made against hospitals in their training work with regard to the extreme length of hours imposed upon the students that I was anxious to disclose, if possible, when the educational classes came and, while apparently many superintendents of nurses either were reluctant or refused to answer, in the replies that were made one can find little to criticise.

My first question asked how many classes were scheduled before twelve o'clock, and the answers disclose that 46 per cent of the classes are thus scheduled. The second question asked how many classes were scheduled between twelve and five o'clock, and the answers disclose that 48 per cent occur between these hours; and that 4 per cent occur between five and seven o'clock; and 2 per cent between seven and nine o'clock in the evening.

Graduates at Work

But what do these graduates do? No matter how many fail while they are students nor how meager may be the equipment, hospital training schools are graduating nurses and they find today many avenues open to them. I was interested, if I could, to disclose whether these nurses chose or practiced more generally hospital or private nursing. The replies indicate that of all the graduates involved, 35 per cent are in institutional work, chiefly hospitals; that fifty-five out of every hundred practicing are engaged in private duty; while three out of every hundred are engaged in industrial nursing, and seven out of every hundred are in public health activities.

Suggestions, Comments, Criticisms

No questionnaire ever devised has completely covered the subject, for it deals with factual situations. Some opportunity should always be given for the expression of personal opinion that grows out of experience, and the last section of my inquiry asked the superintendents of nurses to indicate what they "would like to see happen" to increase the efficiency of nursing education and to produce wiser conditions for nursing practice.

Not all accepted the invitation. Of those who did, I have selected forty as being most pertinent. Many of the suggestions given were listed by several.

1. [illegible] the preliminary course from [illegible] months.
2. [illegible] on the part of the general public [illegible] that education is absolutely [illegible] foundation for nursing.
3. [illegible] for admission four years of [illegible].
4. [illegible] for postgraduate education.
5. [illegible] of nursing established independently of hospitals.
6. Nursing education placed on the same basis as that for other professions.
7. Nursing education subsidized by public funds or endowed.
8. Development of a registry which provides hourly or group nursing.
9. Eliminating the necessity for hospitals depending upon students for their nursing service.
10. Time on duty, including theory, not to exceed forty-four hours a week.
11. A separate board of education or organization through which the school could operate without being subservient to the nursing needs of the hospital.
12. The educational work should function independent of hospital nursing needs.
13. Separate endowment for the training schools so that it need not always be handicapped by the financial difficulties of the hospital.
14. Realization on the part of the medical profession and the public that nurses are human beings and entitled to fair working conditions.
15. The right of nurses to solve their own problems and manage their own affairs. There is too much help from persons not qualified to give an opinion.
16. A nursing curriculum among the others in our high schools, following the recommendations of the League of Nursing Education.
17. A high school course that would include biology, chemistry, physiology, anatomy, hygiene and sanitation.
18. Raise entrance requirements to twenty-one years of age.
19. Official registrars provided by state law.
20. Better living conditions for the students while in their training would attract a better type of girl to the school.
21. Educating boards of trustees to the waste of money that occurs in the large number of eliminations of unfit students.
22. Take the teaching of science out of the hands of internes.
23. A pre-nursing course in high schools with emphasis upon literature, history, language and sciences.
24. A larger provision for recreation, both during training and after graduation.
25. The present curriculum is heavy in theory for those who wish to take up private duty and it robs them of time for practical experience.
26. Refuse to accept student nurses who have taken the commercial course in the high school.
27. Uniform requirements for graduation and registration.

28. It worries me to see more nurses graduated every year than the public needs.

29. Affiliation with other hospitals and schools would be of great advantage.

30. A training school committee appointed from the board of directors to present the claims for better students to the community as a whole.

31. No school be permitted to accept students under twenty-two years of age.

32. Reëducation of registered nurses and supervisors or compulsory attendance at modern nursing demonstrations.

33. Standardized pre-professional education for all schools of nursing.

34. Standardized entrance requirements for all schools of nursing.

35. More time for cultural education and extra-curricular activities during the training course.

36. Entrance requirements affiliated in terms of content as well as time required,—at least two years of foreign language, two years of science, four years of English.

37. Central nursing schools.

38. See that psychology is placed in the preparatory course.

39. Deplorable how many girls eighteen to twenty-five know nothing of dietetics.

40. Requiring graduate work in higher education among all our instructors. Students should receive full credit in dollars and cents for the work she performs in the actual care of patients, and that in accordance with her knowledge, *i.e.*, for the first year forty cents per hour, the second year fifty cents per hour, and third year sixty cents per hour.

These comments and suggestions by the superintendents of nurse training schools reflect clearly that they are thoroughly alive to the weaknesses of the situation from an educational point of view, but is this cross-section of practice, as revealed through the random sampling in the ten north-eastern states, true or false in its implications and are the suggestions for changes made by these superintendents warranted by the facts? No better answer can be made than quoting from authorities within the nursing fields themselves and I am therefore submitting certain statements from *The History of Nursing* and *A Sound Economic Basis for Schools of Nursing*, by Nutting, together with one or two from *Nurses, Patients and Pocketbooks*, by Burgess.

The hospital training school for nurses stands unique as an educational institution of high importance to society owned and used by another institution for purposes of its own in which education plays a relatively unimportant part.

For library and teaching material and equipment, it can truthfully be said that few hospitals have even attempted to make acceptable provisions.

The intelligent direction of a system is surely open to question which admits to its schools on precisely the same basis the applicant with one or two years of high school and the woman with a degree from a good college, and puts both of them through precisely identical courses of instruction for exactly the same length of time. This is putting a premium upon ignorance.

The question of adequate funds is a fundamental item in hospital training schools. Finding it difficult to meet all their obligations and expend their program, few hospitals have been willing to set aside a definite budget for the maintenance of their training schools. Consequently, a tradition has grown up that training schools do not need money for their work—that they are a peculiar kind of institution which can be carried on without any expense to anybody. No other kind of school in the world is suffering from any such delusion and we must get rid of this completely before we can hope to make any substantial progress. Many such schools have become so accustomed to the poverty of their conditions and the total lack of any adequate building and equipment that they have grown to a passive acceptance of them as necessary and inevitable and finally have become unconscious of the need or the possibility of improvement.

Since a profession cannot rise above the character of those who practice it, the real foundation of all our work lies in the general education and the character of our students, and no super-structure we may erect will stand unless that foundation is sound. The young women who in this day of free education have not had the ambition, energy or good sense to carry them through the high school, are not the material at all which we should expect to make nurses.

The weaknesses of the hospital training

schools from a correct educational point of view is the chief cause for the insufficiency of applicants and of the supply of better qualified women willing to undertake the work. As to an educational point of view, however, insofar as nurses are concerned hospitals never did get it and they have not got it yet though they control one of the largest educational systems in existence.

Until the commercial value of the student nurse to the hospital is entirely eliminated from the question—and that task will be a great fight to wage—nurses will be working under a system in which educational interests of the training school will be in perpetual conflict with the economic interests of the hospital. The first steps toward any real solution lies in securing funds for the separate maintenance of training schools either through gifts or endowments and forcing upon the hospitals a budget system.

From Nurses, Patients and Pocketbooks

THE professional balance in nursing was attained in 1921 when for the first time the number of registered nurses passed the number of practical nurses in the country.

By the census of 1920 Connecticut had the largest number of nurses per 1,000 physicians (1,747) with Minnesota ranking second ([illegible]) and Massachusetts third (1,646), while the average for the entire United States was [illegible].

In [illegible] there were 160 medical schools and [illegible] nursing schools. In 1926 there were 79 medical schools and 2,155 nursing schools. Statistics show that the nurse just graduated has a professional life expectancy of 17.34 years.

It would seem a matter for serious concern that one-sixth of all of the students who have been graduated within the past five years have never gone beyond the first year in high school. Over one-tenth of all the nurses have never been beyond the eighth grade in grammar school and about one-fourth have never been beyond the first year high school.

One out of seven of the superintendents of nurses in our hospital training schools were themselves student nurses not more than five years ago.

[illegible] exception, it is no longer possible for a woman to be socially respected unless she has gone beyond the first year of high school and professional women of any pre[illegible] and [illegible] must, if they are [illegible] thirty years old, have at least a high school education.

Half of the superintendents of nurses and more than half of other superintendents have never taken any course in institutional management or in educational methods.

The relation of the superintendents of nurses to their Board of Directors is apparently unfortunate, for on the average the superintendent of nurses attends only three of the twelve meetings of the Board of Directors of the hospitals.

In 67 per cent of the schools conducted by superintendents of nurses and in 83 per cent of those conducted by superintendents of both services, there are no graduate nurses whatsoever on the general floor duty in their hospitals.

In about one-half of the schools conducted by superintendents of nurses and in two-thirds of those conducted by superintendents of both services, there is either no teacher at all or only one. The typical school with less than fifty students has one R.N. teacher; schools of between fifty and 110 students have two R.N. teachers and those above 110 students are apt to have three R.N. teachers for the entire student body.

Most hospitals with training schools expect and require the student nurse to carry the entire nursing load of the hospital. The shortage of nurses disclosed in the field of public health is one of quality and not of quantity since there were five applicants for every open position.

The amazing growth of schools of nursing which have multiplied their number 143 times with the past fifty years has come about not because the public wanted more nurses, but because the hospitals wanted more students. Hospitals run training schools for two reasons. The first reason is that it is cheaper to run a poor school than it is to employ graduate nurses. It is an extraordinary thing, but it seems to be a fact that hospitals regard the suggestion that they pay for their own nursing service as unreasonable. They have been receiving free service from students for so many years that they regard it as an inalienable right.

There is a real question whether the ordinary hospital can possibly afford to conduct a high grade nursing school.

It is still true that we are graduating each year 3,000 nurses so poorly educated that they would have difficulty in getting positions in a good department store. These are not the type of young women whom we really want to have taking full responsibility for life or death in the sick room.

The desire for education is becoming so great in present day America that the most

effective way for a school to increase its supply of students is to announce that none but the best prepared will be admitted.

It is true that to the student the patient should always come first but it is equally true that to somebody the student ought to come first. Not until schools of nursing are conducted by some person or persons whose chief responsibility is educational and not administrative can the nursing profession hope to secure graduates with thorough basic nursing education.

The typical private duty nurse works about eight months a year of which seven months are for pay and one month out of every twelve is given in some form of charity service. The typical private duty nurse gives $175 worth of free nursing service every year.

In addition to securing information from the superintendents of hospital training schools themselves, I wrote the commissioners of health in the ten northeastern states; the secretary of the Registration Board for Nursing in forty-four states and the commissioners of education in a few selected states having strong state educational systems. Outside of questions of fact which had to do with the number of registered nurses in such states and working of the Board of Examiners, I attempted to get the reaction of all these people on a concerted program that called for raising the legal requirements in the various states for entrance to the hospital training schools, making a two year high school requirement effective in 1931, a three year requirement in 1933, and a four year requirement in 1935.

Many curious things appeared in the replies which contained original material sufficient for an address or a magazine article; sufficient to say here, however, that summarized opinion runs like this:

A. Commissioners of Education see very clearly the positive necessity for placing nursing on the same professional basis as is teaching and see no reason why such a program is not entirely feasible.

B. Some Commissioners of Health see every possible reason why it shouldn't be done.

C. Secretaries of Registration Boards for Nurses, with one exception, agree that the move should be made if it can be made through the legislature, without jeopardizing gains already in hand.

In considering such a program, it is necessary to present the facts as they are and I am therefore asking you to scan the map reprinted from the *American Journal of Nursing*, February, 1929. However, certain changes have taken place since this map was printed, all looking toward raising the educational requirements. Minnesota has left the eighth grade group, now occupied by Mississippi only, and now requires one year of high school; Colorado now requires four years of high school, with the change effective September, 1929; Idaho will require four years of high school on July 1, 1931, and New York State will also require the same on July 1, 1932.

The movement then for raising preliminary educational requirements is well under way but, outside of New York State, there is no program set up in any of the ten northeastern states, keeping in mind that Maine is the only one of such states that already has a two-year requirement. I recommend for your consideration the initiation of a program of concerted action in all of the ten northeastern states, with the exception of New York, that shall result in a four-year high school preliminary education requirement at a date not earlier than 1932, nor later than 1935.

What To Do about It

If you are satisfied to leave the educational practice as disclosed by the above analysis presented as it is, no responsibility for action comes to this body. If, however, you subscribe to the two principles of the Committee on Grading as stated in *Nurses, Patients*

and *Pocketbooks* by Burgess, page 447, definite responsibility on your part and resulting action would appear to be inescapable. Let me remind you that reforms do not come through miracles; somebody must lead. A clearly conceived program and the crusading spirit alone supply the conditions for progressive change within the nursing profession.

It may be helpful to face a series of suggestions which together form more or less of a definite program, especially if these suggestions come from someone outside of your profession. As one interested in proper educational administration, he believes that the diagnosis of the present situation calls for the following treatment:

I. Take the necessary measures to produce an intelligent public opinion on the facts in training schools as they are operated today. Other professions have long since taken the public into their confidence. It is futile to expect that this discussion and others like it today will have any effect upon the situation unless it overflows the banks of your professional stream and engulfs the general public.

1. Adopt a program for sending a battery of speakers to the civic clubs in the state and to the women's organizations for at least a year. The spoken word is ten times as valuable as the written word.

2. Prepare a series of carefully written articles for publication in "School and Society" or some similar magazine and secure a thousand reprints for use in strategic places.

3. Secure the placement of a two page article written in an arresting manner in magazines of national circulation.

4. Reach the guidance directors in our senior high schools asking them to give nursing a square deal.

5. Secure the names of all members of Boards of Directors of hospitals and reach them with a series of four-page leaflets, probably in question and answer form, on striking facts in the training school practice.

II. Work toward the abandonment of the past apprenticeship system as being no longer necessary or adequate for training schools. Every professional worker requires some knowledge of the art side of his profession, but in no case can this solely be the whole of his preparation. Even on the purely vocational side, [illegible] the present plan of education within the training schools violates modern practice.

"Apart from schools designed to extend or supplement apprenticeship, of which European countries furnish the principal examples, the only type of modern vocational education now known to the writer which has not suffered a long enslavement to academic tradition, is that developed since 1850 for the training of nurses. Here *conditions* rather than any clearly conceived purpose impose reasonably sound pedagogic standards from the outset; in fact, programs lean so far to the practical as to require like apprenticeship, social safeguarding to save the learner from exploitation."[3]

If training has been confined entirely to detail—to the art side of nursing, which is the *how* instead of the *why* of nursing procedure—your mind can only be tuned to receive thoughts and ideas in terms of detail and technic.

III. Take whatever measures are necessary to secure an adequate supply of suitably prepared applicants *so that no school must take all who apply*. The criterion must be the good of the profession itself and not the needs of the hospital. In this connection the public must be brought to a clear recognition that the new openings for public service for women—teaching, library work, social and welfare work and business—each with a carefully defined program of rising standards of eligibility and training *are a distinct liability* to the nursing profession unless it too can take similar action.

The gap between the requirement of preliminary education now standing at one year in twenty-six states and the age requirement of eighteen must be closed. These conflicting requirements invite girls to leave school at the end of the first year of high school—working in factories or elsewhere until they are eighteen—and then apply for admission to the training school. Your regulations should stand in exactly the opposite relation, with the educational requirement high and the age low, if you are anxious to get a supply of bright young women.

IV. Lay your plans for a program that will demand a sound and honest system of accounting on the part of the hospital so that the facts regarding the training school may be available to everyone. An item in this accounting must clearly admit that training school students are paying tuition in the form of the expense saved the institution. Am I too bold when I suggest that it is probably true that they are paying a higher tuition than

[3] "Sociological Determination of Objectives in Education," Snedden.

that of our college students? In this system of accounting hospitals must have a training school budget with definite allowance for instruction, library, laboratories, teaching aids and supplies around which the superintendent of nurses must be left free to build her educational organization.

V. The initiation of a campaign of inquiry, organization and solicitation that shall provide for at least one central school of nursing independent of all hospitals, but affiliated with many. These schools must wrestle with the questions of admission and eligibility and upon them hospitals may call as special needs arise. In these students shall pay tuition. To them hospitals shall go for candidates to enter the vocational aspect of their training. On their boards of directors, superintendents of hospital training schools shall have a place.

The funds? Such a school must be endowed or have financial backing over a period of ten years. Better general health and better nursing are of immeasurable value to insurance companies and to industry. During 1929 wage earners lost 260,000,000 days through illness and school children lost 7,000,000 days attendance for the same reason. Both the insurance companies and industry will respond, if properly approached, to the establishment of a central training school in some city where the demands will make it worthwhile.

VI. Coöperate unreservedly with the Committee on Grading. It is the brightest spot on the whole nursing horizon. The American Medical Association has shown that the establishment of grade A schools and grade B schools turns the tide of the brightest students definitely to the former and acts as a continual urge upon the administration in the latter to find the ways and means of qualifying to become grade A schools.

When this is accomplished, advertisements in the papers of Connecticut of hospitals in other states with a lower standard than grade A standard, will have no disturbing influence nor cause effective criticism against your program of high qualifications. The answer is that this is the call of a class B training school.

VII. And lastly organize over a period of time a carefully considered and well advised program of social and legislative action that will remedy the wholly inadequate educational resources in buildings, staff, and equipment of the hospital training schools and will remove the legitimate points of attack now being directed against these schools which, if continued, can have no other effect than becoming an ever enlarging handicap.

An Elective in Private Duty Nursing[1]

ADDA ELDREDGE, R.N.

This period (elective) should be arranged with reference to the special aptitudes and future plans of the student and should be left as far as possible to the student's own choice as a test of vocational interest and ability. . . . As a means of rounding out the student's experience, an additional month or two might be spent in any service where the student's previous experience has been a little weak or where her own interest or future plans lead her to wish more experience. It is important that this should not be just a "filling in" period but should be definitely planned for. To make this period most profitable, special assignments should be made for accompanying study, reading and written work, and if possible regular conferences should be held with students in different groups.—From a *Curriculum for Schools of Nursing*, National League of Nursing Education.

PERIOD—two months, not to exceed three months.

Number of patients—not less than five. No two cases of the same disease, at least two cases to be medical.

Number of hours—eight, either day or night, not both. If three students are on the same case, we suggest part day and part night for two of them alternating; opportunity to show proper relationship between nurses and division of duties.

Outline of course—both theory and practice.

Theory to be taught by superintendent of nurses and instructor.

[1] Prepared for the schools of nursing in Wisconsin by the Wisconsin Bureau of Nursing Education, June, 1928.

Supervisor may take some classes if she has teaching ability.

Practice

CARE of certain selected patients valuable as to their nursing care. Close supervision of student in care of patient by superintendent of nurses or instructor as well as by supervisor or head nurse. Student shall be taught how to make a case study of each patient. Shall be supervised as to treatments, technic, small comforts for patient. Thoughtfulness regarding little things such as light, noise, preparation for meals, care of room, care of equipment, use of supplies. Arrangements for relief and planning for comfort and of all treatments while absent at meals. Importance of keeping records—Responsibility for keeping a record in the home. Care in serving meals. Care of furniture. Reception of visitors. When to be absent.

Theory

NOT less than one hour per week. A case study for each case.

I. *What Is Private Duty*

II. *Registries*

Types, hospital, commercial, official. Value to doctor, institution, patient, nurse. Use of registry.

III. *The Call*

Importance of getting to patient promptly. Introduction to family. Psychology of first impression on both family and servants, if any.

IV. *Necessary Equipment for the Nurse To Carry*

Use and care of equipment in the home. Improvising. Responsibility for protection of furnishings. Responsibility for economy in purchasing. Responsibility for economy in use of linen and supplies. For economy of maid's time in so far as her duties are increased by sickness situation.

V. *Patient's Record*

Proper charting. Necessary items, etc. Summarizing—graphic charts.

VI. *Doctor's Visits and Directions*

Carrying out orders, etc.

VII. *Relief for Nurse*

Family, friend, another nurse. Responsibility for written directions. Having nourishment and any medicines ready. Teaching the person relieving.

VIII. *The Nurse Herself*

Importance of personal neatness. Cleanliness in work and person, i.e., personal hygiene. Quietness and good taste in street dress. Conforming to rules of the home as far as possible. Ability to read aloud. Cultural activities, use of leisure. Importance of good English, good manners, etc.

IX. *Relation to Other Nurses Previously Employed*

Second nurse on case. Ethics and etiquette, etc., in relation to private duty.

X. *Other Relations*

To the community: savings, insurance. To the profession and its organizations. Difference in private duty in the home and in the hospital. Is specialing a form of private duty? Special interests: the patient as an individual, not a case; disease prevention, health teaching. After relationships: need for study on part of nurse.

These ten lectures can be made into eight if the work lasts but two months and lengthened into twelve lectures if the work lasts three months.

It is suggested that such patients be selected as need the special care and that regardless of ability to pay; that it be explained to the doctors that this service is not always available but

depends on students ready and desirous for this elective.

Bibliography

"A Symposium on Private Duty," *American Journal of Nursing*, December, 1927, pp. 1013–1015.

"Charting," *American Journal of Nursing*, January, 1928, p. 17.

Doyle, Ann, R.N., "The Journal, the Index, and the Private Duty Nurse," *American Journal of Nursing*, September, 1927, p. 723.

Geister, Janet, R.N., "Hearsay and Facts in Private Duty," Reprints, National League of Nursing Education, 370 Seventh Avenue, New York City.

Goldmark, Josephine, "The Nurse in Private Duty," *Nursing and Nursing Education in the United States*, pp. 161–182. The Macmillan Company, New York, 1923.

Larsson, Borghild, "Private Duty," *American Journal of Nursing*, November, 1926.

Muse, Maud: "Why the Nurse Needs To Study Psychology," *Modern Hospital*, April, 1926, p. 306.

"Official Registries and Professional Progress," *American Journal of Nursing*, February, 1926, p. 112.

"Private Duty" as issued by Bureau of Nursing Education, October, 1926.

"Private Duty and Public Health," *American Journal of Nursing*, September, 1927, p. 739.

"Qualities a Nurse Should Possess," *Modern Hospital*, November, 1926, p. 148.

Salisbury, Edith Charlton, "Make Your Income Serve You," *American Journal of Nursing*, November, 1925, p. 909; December, 1925, p. 977.

Stillman, Emma van Cleve, R.N., "Improvisations in Private Duty Nursing," *American Journal of Nursing*, April, 1926, p. 269.

Taylor, Effie J., R.N., "Teaching Nursing by the Application of the Case Study Method," *Modern Hospital*, December, 1926, p. 112.

"The Private Duty Nurse," *American Journal of Nursing*, November, 1927, p. 921.

Social Hygiene in Schools of Nursing

IN 1928, Dr. T. W. Galloway presented to the District of Columbia League of Nursing Education, the need for preparing the nurse to meet the manifold sex problems that confront her in her professional work and in her own life.

At the request of the District of Columbia League of Nursing Education, Dr. Galloway prepared an outline of needed instruction. A committee, Dorothy Rood, Chairman, was appointed to study this outline and report to the League. The committee felt the outline was excellent and most inclusive, and though they doubted the probability of all schools being able to find teachers who could present this material, they were unwilling that any of the valuable material should be omitted from the outline.

It was at once agreed that the schools could not add a separate course to the already crowded curriculum, but that it would be better to present the material as part of various courses. Feeling that most instructors would need assistance in preparing themselves to teach the subject, the committee searched out a small number of books which would cover the various points as concisely as possible, and added these references to Dr. Galloway's outline with suggestions as to the course in the present *Curriculum for Schools of Nursing* prepared by the National League of Nursing Education, into which the material could be incorporated.

The committee understood fully that in each school certain instructors will be found in sympathy with the movement who may coöperate and offer a major part of the outline in their course, or courses. It was hoped that no superintendent would refrain from introducing any part of this outline because all could not be used. If no instructor were available to give the material in the form of lectures, the references could be put on the library shelves for the use of the students.

Outline

I. ***Biological, Physiological, and Eugenic Considerations:***

A fuller account than is now given of the biology, natural history, and significance of human sex and reproduction, with enough animal parallels to make the matter both clear and convincing. Might include such topics as the following: The essential nature and function of reproduction. The origin and nature of sex; and its relation to reproduction. (Courses: Anatomy and physiology and obstetrics. References: Galloway 1 and 2.) Sex in relation to individual development. Sex endocrines. (Courses: Anatomy and psychiatry.) Sexual dimorphism and biparental inheritance. (Courses: Anatomy and psychiatry.) Fertilization and insemination as a sexual phenomenon. Variety in the solution of this problem by animals. Effects of the problem upon general life, behavior and relation of animals. (Assigned reading in connection with anatomy. References: Torelle, Cady, Galloway 1, Chapters V and VI.) Elementary treatment of principles of breeding; and Eugenics. (References: Walter, Galloway 1, Chapter IX.)

Some outstanding stages of human development and the biological significance of each. As: prenatal; infancy; childhood; puberty; middle and later adolescence; maturity. Sexual conditions and human significance of each period. Educational possibilities of each period. (Course: Psychiatry. References: Richmond, Hall, Gruenberg, Bigelow, Chapters VI, VII, VIII, IX; Galloway 1, Chapters X, XI.)

The hygiene of sex. The normal and constructive aspects; the abnormal, obscene, and perverse in relation to. (Courses: Personal hygiene, psychology, psychiatry.)

II. ***Nervous and Psychological Aspects of Sex and Reproduction:***

Some of the following topics might well be included: Nervous set-up of the sex-reproductive organs and processes. Mental (including emotional, instinctive, impulsive) aspects of sex and reproduction. Appetites, urges, desires and meaning, results, values and dangers of these. The sane attitude toward appetites. Indulgence; control. Mental hygiene in relation to this. The psychological preparation of the individual for the adjustments necessary or desirable at different stages of sex development—especially for the crises. (Courses: Psychology and psychiatry. References: March, Forel Section 4.)

III. ***The Outstanding Social Aspects of Sex and Reproduction:***

Topics of importance which might have attention: Reproduction is *the* fundamental social function, biologically. Most social of all organic acts. Illustrate abundantly. Sex organically arises as a support and perfection of the reproductive process. The highly "social" nature of the impulses and emotions and spirit which arise about these functions. As developed between mates. Between parents and offspring. The origin of the family and its "social psychology." The significance of this in humans and the higher animals,—both in survival value, and in extending esthetic and social sense within a species. Value of this for happiness, culture and progress. Social solutions of the sex reproductive relationship. Promiscuity; polygamy; polyandry; monogamy. All sorts of experiments tried out by animals and man. The values and weaknesses of the various possible solutions; to the mates; to the young. (Course: Sociology. References: Newman, Galloway 1.)

IV. *Some Miscellaneous Problems Arising from Sex and Reproduction Among Humans:*

Marital adjustments. The outstanding conditions that make for success or failure in marriage. The fact that instincts are not enough to meet our needs. What sort of preparation desirable? How and when to be given. The sex problems of the unmarried. The conflict between individual desire on one hand and personal character and social welfare on the other. What is reasonable and sane? Rationalizations and fallacies about sex. The question of sex necessity; of premarital continence; of the double standard, etc. (Course: Personal hygiene. References: Galloway 3.)

V. *The Health Agent (Physician, Nurse, Health Officer) as a Social Leader and Educator:*

The justice of this demand upon them; their opportunity. The need of special training. Why mere anatomy, physiology and pathology of sex-reproductive processes is not sufficient, etc. Some points at which the nurse and physician may be peculiarly helpful, if fitted. With young mothers. With girls and boys at puberty. With middle adolescence. With young people of marriageable age, in preparation for marriage both in knowledge and in attitude. The educational conditions characterizing each main stage of the human development; the special methods and appeals appropriate to each stage. Especially the application of this to sex-character and sex-social problems. (Course: Professional problems. Reference: Ellis.)

Bibliography

Bigelow, Maurice A., *Sex Education*, Macmillan.

Cady, Bertha C. and Vernon M., *The Way Life Begins*, American Social Hygiene Association.

Ellis, Havelock, *The Task of Social Hygiene.*

Forel, *On the Sexual Question.*

Galloway, Thomas W., (1) *Biology of Sex*, D. C. Heath and Co.; (2) *Reproduction*, D. C. Heath and Co.; (3) *Love and Marriage*, Funk and Wagnalls.

Gruenberg, Benjamin C., *Parents and Sex Education*, A. S. H. A.

Hall, G. S., *Adolescence.*

March, Norah, *Toward Racial Health.*

Newman, Henry, *Modern Youth and Marriage.*

Richmond, Winifred, *The Adolescent Girl.*

Torelle, Ellen, *Plant and Animal Children and How They Grow*, D. C. Heath and Co.

Walter, H. S., *Eugenics.*

Do You Want a Round Table?

ANY school interested in discussing record forms, experience records, case study records, etc., which could be used in a mental hospital for affiliating students should send a copy with directions for using to Mrs. Ann How, New Jersey State Hospital, Greystone Park, New Jersey, who will arrange for a round table if enough people are interested.

"Staff Education of the Head Nurse"

ONLY a small number of the excellent "Outline and Bibliography for a Staff Education Program for the Head Nurse in Service" are still available. This is the material assembled by Cordelia M. Cowan of the Woman's Hospital of New York City. The first supply was quickly exhausted and the second large impression (it is mimeographed) is about exhausted. Those who are teaching courses in administration and others who are interested will want to take advantage of the opportunity to secure copies. Price $1.00 from the National League of Nursing Education, 370 Seventh Avenue, New York City.

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

The Ex-Service Man and Woman

As the years increase since the signing of the Armistice, November 11, 1918, we begin to get a clearer and more realistic picture of the war and its implications, especially of the human elements, the doughboy—for it is the private soldier who has always been the keystone of the war machine—the officer, the nurse and other workers. Nurses, who reluctantly stayed at home, eager to hear all about it from returning ex-service nurses and soldiers were surprised to find their questions "fall upon dead ears." No one wanted to talk about it. Time, the great healer, has, however, been at work so that now we are beginning to learn through books, magazines, and particularly the stage, the real story of privation and mental and physical suffering. We are also learning more about conditions in the hospitals, and what really happened when, sick or wounded, the soldier was taken to one, and the part the nurse played in this connection. We are also beginning to understand what it means to the individual, as well as to our country, to provide proper care for our disabled ex-service men and women, the cost in money, the nurses required, as well as other essentials.

No one has a better chance to see the situation as it now is and to visualize future needs than have the members of the Medical Council and the Advisory Committee on Nursing of the Veterans' Bureau. The two groups representing the widest experience in both fields are called together once or twice each year to review and advise upon the medical and nursing program of the Bureau. In that huge building, a veritable "beehive of workers," which rose, immediately after the world War, upon the site of the old Arlington Hotel, where the élite of the world were once entertained, and where Owen Meredith wrote *Lucille*, one receives a fairly clear-cut impression of the magnitude of the work.

At the last meeting, March 6, we heard the Director, General Hines, as well as the Medical Director, Dr. Winthrop Adams, review the present situation. The number of patients now in hospitals (over 30,000) and the large numbers (over 15,000) visiting the out-patient departments, as well as the hospitals under construction, which will then provide 40,000 beds for the treatment of ex-service men and women, were given. The staggering figures $800,000,000 reported by General Hines, which our Government is providing for the actual care of ex-service men, or in pensions for their families through the three bureaus—Veterans' Bureau, Pension Bureau and Soldiers' Homes—the first requiring over $500,000,000, and the desirability of centralizing all this under one department, gave some idea of the magnitude of the problem.

The committee reviewed the three courses of instruction for nursing personnel which were recommended by the Advisory Committee on Nursing at a meeting last May. These have been prepared and inaugurated —a stupendous achievement, when

one considers the scope in variety and type, as well as the mechanical details incident to their establishment in over forty Veterans' Bureau Hospitals. That for postgraduate training of nurses in neuropsychiatric nursing, recently established at the Bronx Hospital for the better preparation of nurses already in the service, stands out as a most progressive achievement in nurse education. The course for attendants, over 3,000 of whom are employed, received much favorable comment. The outlines for lectures and study for staff nurses, of which there are many hundred, some working in isolated institutions, should bring definite results in an awakened interest in the more scientific and spiritual aspects of the work.

The Medical Corps Bill for the Veterans' Bureau

FOLLOWING the precedent established by the Army and Navy which has resulted in a stable and efficient medical and nursing service for these important departments, efforts are being made to establish the medical and nursing staff of the Veterans' Bureau upon a permanent basis through legislative measures.

As the entire nursing staff of the Veterans' Bureau is now placed in the sub-professional grade through the Reclassification Act, which is not only humiliating but impedes progress both as to salaries and promotion and is therefore destructive to morale, the establishment of the Medical Service upon a permanent basis, with the inclusion of the nursing service as an integral part of the service, will lift the nursing service from its present unhappy position.

It is particularly important that something be done quickly, as legislation which is now being proposed by the Reclassification Board demotes the nurse to a still lower grade with a corresponding decrease in salary.

Nurses, because of their good organization, solidarity of purpose and intent, as well as the righteousness of their cause, have accomplished great things in legislative matters. They were instrumental not only in bringing a nurse corps of the Army and Navy into existence, but in placing it upon a permanent basis as an integral part of their respective Medical Corps.

They also secured a better position for the Army Nurse Corps by securing through Congressional Enactment "rank for nurses." That the Red Cross Nursing Service is also the reserve of these services by law, is the result of the devoted work of nurses.

The laws in forty-eight states and the District of Columbia, controlling the practice of nursing, have also been accomplished through the efforts of nurses, frequently against the combined efforts of commercial and other groups. As nurses have been able to do these things usually with little or no thought of self-advancement or advantage to the individual, but for the good of the public at large, so we venture to say that a nurse corps for the Veterans' Bureau or any other governmental nurse service could be secured, or the present position of government nurses in the sub-professional grade corrected, if nurses united toward this end.

The American Nurses' Association, realizing that whatever affects disadvantageously one group of its members reacts similarly upon the profession as a whole, has started the wheels in motion, and through its established channels is assisting, with the ultimate hope that improvements in the general situation will be effected.

The Red Cross Loses a Devoted Friend

IN the passing of Chief Justice Taft, the Red Cross as a whole, and especially the Nursing Service, lost a devoted friend. At the Memorial Services held at Red Cross National Headquarters, the Chairman, Judge John Barton Payne, paid tribute to this good friend of the Society:

Twenty-five years ago William Howard Taft became a worker and supporter of the American National Red Cross, and always has been one of the most active members in its ranks. When the society was reorganized in 1905, he was a leader in that movement, and became its first President under the new Charter. He was then Secretary of War. When he became President of the United States, he agreed to remain as President of the American Red Cross, thereby establishing a precedent to which every President of the United States since has gladly adhered.

Upon leaving the White House, he became a Vice-President of the Red Cross, and has been reelected every year.

The personal grief felt at his death by myself and other executives who have grown to love this great-hearted man through our years of association in Red Cross work is, I know, reflected in the hearts of all Red Cross members who for years have honored and loved him for the time and devotion he has given to the Red Cross.

The Unveiling of the Nurses' Column[1]

ON March 19, Miss S. Lillian Clayton, supported by a group of Red Cross nurses in uniform, unveiled the column at the left of the front entrance of the World War Memorial used by the District of Columbia Chapter as its headquarters, given by the nurses of America to commemorate the service of Jane A. Delano and the 296 nurses who died "in line of duty" during the World War.

[1] See frontispiece.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled—Mrs. Ruth Irene Banks, *née* Murrey; Mrs. Fred L. Baratta, *née* Nadine E. McCoy; Theresa B. Barsch; Martha Barthell; Churchille Bartling; Mrs. Hulda Elisabeth Bascombe, *née* Johnson; Evelyn C. Bates; Eleda Bayard; Mrs. William G. Beasley, *née* Janet Elisabeth Fraser; Jean Marjorie Bell; Mrs. George H. Belote, *née* Lucy M. Morhous; Josephine Berglund; Mary Dorothy Beyer; Molly Beyer; Mrs. Louis Bier, *née* Helen H. Baumberger; Estelle Blackwelder; Rose Blake; Edna Frances Boatman; Mrs. Linnie Etta Bolles, *née* Leckrone; Mrs. F. V. Bond, *née* Susie M. Moss; Louise Marie Bonem; Mrs. R. H. Bookmeyer, *née* Marion Catherine Larkin; Lena Margaret Boyce; Mrs. J. Byron Boyd, *née* Nellie Edna Davis; Bernice E. Brady; Myrtle Anna Brown; Mrs. Anthony Bruce, *née* Mabel Salven; Mary Magdalene Bryan; Mrs. Jean Buchanan, *née* Thomson; Mrs. James D. Burby, *née* Pansy Venus Jenkins; Kathryn E. Burns; Helen Elisabeth Butler; Mrs. Crissie Wygant, *née* Brestle; Minnie Ruth Yanke; Mrs. James F. Zagst, *née* Florence Peterson.

The week of May 5 will be a busy one in Washington. The annual convention of the American Red Cross which is devoted to the general activities of the Red Cross and, therefore, is not a nursing convention, but which each year attracts an increasing number of nurses, will open on Monday morning with registration in the Chamber of Commerce of the United States.

At the same time, delegates to the first International Mental Hygiene Congress will be surging into action at the Hotel Willard.

Miss Noyes cordially invites all nurses visiting Washington to call at the office of the Nursing Service, National Red Cross Headquarters.

Our Contributors

The central figure in our frontispiece, Miss Clayton, President of the American Nurses' Association, needs no introduction to our readers, but they will enjoy being introduced to General U. S. Grant, 3rd, grandson of our former President.

William H. Woglom, M.D., is Associate Professor at the Institute of Cancer Research, Columbia University, New York.

Dr. Austin W. Cheever, of Boston, who writes so sympathetically of the victims of syphilis, limits his practice to dermatology.

Donald Lemen Clark, Ph.D., is Associate Professor of English in charge of courses in creative writing in University Extension, Columbia University, New York City. He is the author of magazine articles and co-author of *Sentence Building; Thinking, Speaking and Writing; Magazine Article Writing*, and of textbooks in various phases of English composition.

The interesting pediatric time study was made under the supervision of Mary Marvin, R.N., while the authors were students at Teachers College. Louise White, R.N., B.S., is Instructor at the Rhode Island Hospital, Providence, and Margaret G. Napier, R.N., B.S., is Principal of the new School of Nursing at St. Elizabeth's Hospital, Dayton, O.

The personality and varied professional experience of Charlotte Janes Garrison, R.N., make her a happy choice for the position she now holds. She is Director of the Hospital Library and Service Bureau of the American Hospital Association, which she describes for us.

Kathleen M. Leahy, R.N., A.B., a graduate of the Stanford University School of Nursing and of the School of Social Work, University of Oregon, is Assistant Head, Department of Nursing Education and Instructor in Nursing Education, University of Washington.

Lydia Evey, R.N., a private duty nurse of St. Joseph, Mo., writes: "I have just had the care of a child with hydrophobia. The article contains some of the information on the subject found in our Public Library."

Virginia McCormick, Publicity Secretary of the American Nurses' Association, author of our series on "Public Information," welcomes correspondence on the problem of informing the public.

We herewith present the final article in Florence K. Wilson's interesting series on "Problems in Nursing Medical Patients."

Army nurses believe that avocations and hobbies are conducive to good nursing. Theda E. Schulte, R.N., stationed at Walter Reed Hospital, is studying, and practicing, the art of short-story writing.

Eleanor Slater's article is based on her experience as a student of nursing and of social work.

Harriet Griffin, R.N. (Homeopathic Hospital, Middletown, N. Y., and Woman's Hospital, New York City), is Supervisor of the Industrial Department of the Youngstown Hospital, Youngstown, O.

Apparently, the distressing tendency in schools of nursing to change their superintendent or principal of the school is as marked as when Dr. Burgess made her first startling revelations three years ago.

The searching and revealing study by E. Everett Cortright (President of the Junior College of Connecticut, Bridgeport), made in wholly scientific fashion by an educator, merits careful study and wide distribution. We suggest that it be placed in the hands of boards of trustees.

Student Nurses' Page

Sociology from a Student Nurse's Standpoint[1]

MABEL BLANCHE LANGILL

Evanston Hospital School of Nursing, Evanston, Ill.

WHEN friends asked me why I decided to take up nurse's training, one of my answers was that I wanted to go back to school. No doubt there are countless good people who, as some of my friends did, might venture the opinion that a hospital training school was a queer place in which to enlarge one's education. No doubt, too, many of these same people, your friends and mine, have looked upon a nurse's training school as a sort of factory which turns out efficient automatic machines whose chief function seems to be to flit noiselessly hither and yon at a doctor's beck and call. And such automatons might we be were we trained only in the practical side of nursing, without the education which enables us to make intelligent application of our training.

There are probably few schools of nursing at the present time which do not include such courses as anatomy, bacteriology, and physiology in their curricula. More and more, however, there has been felt the need for those sciences which lay more stress upon individual development. I refer to the so-called social sciences, psychology and sociology. It is regarding the latter of these that I wish to speak.

I am happy to say that my school has a university affiliation, and that recently a course in sociology was instituted. It was composed of eighteen lectures, the subject matter of which included a statement regarding the significance of such a course for nurses; discussions regarding the controlling factors in the development of the individual; consideration of the normal life, the normal community, social changes, and the problems of urbanization. Over a period of several lectures, we hit upon the high spots of race prejudice, immigration, the problems of social control, government, religion, family, education, and crime. A term paper was prepared by each of several committees, involving a detailed and more or less intensive study of any one of many subjects suggested within the scope of the course outlined. The concluding class period was then devoted to the reading of the three most acceptable papers.

On the day set for the inevitable examination, we were asked to hand in, anonymously, suggestions for the course. The resultant influx of ideas was interesting, to say the least. Practically all favored a longer course. Many approved of field trips to civic and social centers, where information could be obtained by actual contacts. Some suggested that the course be enlarged by debates and open discussions. Still others acknowledged,

[1] The author of this paper has graduated from the school since the paper was submitted to the *Journal*.

with gratitude, that they had become more broadminded by the consideration of more sides than one to a question. Personally I felt that the course had been interesting, enlightening, and very much worth while.

Surely there is not one of us but wishes to be proud of the profession she has chosen. Each would have "nurse's training" mean "nursing education." Real nursing means more than the curative care of the sick. It involves intelligent insight into the social conditions and environmental influences which may be responsible for the patient's ill health. It includes the nursing of mind and spirit as well as body. As we wish to be proud of this profession, we would have it offer an education as well as training, attractive to high minded young women, enabling them to perform more intelligently the practices of their calling.

Students at the Biennial

THE Committee on Undergraduate Guests, for the biennial convention, has prepared a program of "light and heavy meat," to quote one of the members.

On Wednesday, June 11, a formal session will be held at the Hotel Schroeder, when the students will be greeted by some of the women who have written textbooks for nurses and, it is hoped, by representatives of the American Red Cross, and the *Journal*.

The second part of the program will be in the hands of the students themselves, the subject chosen for discussion being "The Responsibility of the Student for the Social and Cultural Life of Her School." This subject will be formally discussed by students from widely separated parts of our country, and it is hoped that all students will come prepared to tell what they are doing in their home schools.

An interesting social program is being planned, including a drive through the city, visiting parks and other places of interest, a reception and tea at St. Mary of the Lake School for Nurses, a trip on Lake Michigan, and open house at all the hospitals and nursing schools.

Students will make their own hotel reservations, *directly to the hotels*. The following suggestions are made:

The Hotel Wisconsin, 200 single beds, several in room	$2.00
The Hotel Medford, two double beds in a room, water	1.50
The Stratford Arms can take care of 25	2.00

To the Graduating Class

TO the long distance flier starting into space, each minute part of his plane must be at its highest point of efficiency, ready for the test. The snapping of the tiniest wire may cause disaster, defeating the aim of the flier and perhaps causing his death. So it is with our ambitions in the nursing profession. We choose at graduation, the particular field of nursing in which we feel most interested and most capable. This is the course of flight; our aim is to reach the point at which we are able to render the greatest service in that chosen field. But what of our equipment? Are there wires to snap under the tension of our endeavors? Will we climb towards our goal only to find that we are in the discard physically and are "just another worn-out nurse cast on the responsibility of her alumnae association?" Or shall we carry on those habits which were made part of our routine as students? Will it be impossible to continue having periodic health examinations each year? Can we not correct defects as found? Will first symptoms be caught or allowed to grow? Can we forget to swim and play out-door games? Will our mental attitude be kept healthy by recreational interests and activities?

If we allow ourselves to slip in these things, our contribution to professional achievement will be negligible.

If we can carry into our graduate activities those habits of living which ensure the highest enjoyment of life and the fullest capacity for efficient work, then we have achieved the ideal of the health service and will have "Health for Service" throughout our careers. —From *Life Lines*, published at Bellevue Hospital, New York, March, 1930.

Linda A. J. Richards: Pioneer

LINDA A. J. RICHARDS, R.N.
Taken when Superintendent of Training School, Boston City Hospital, 1878–79

MISS RICHARDS, "America's First Nurse," and a glorious nurse she was, died on April sixteenth, in her eighty-ninth year, at the New England Hospital for Women and Children in which she had received her training more than fifty years before. Among the carefully kept records of the early years of the New England Hospital are many references to Linda Richards and her framed diploma is one of the institution's

choicest treasures. Although very little of her work, following graduation from the school in 1873, was carried on at the hospital of her adoption, her name and her accomplishments have been cherished and revered for more than a half century by all connected with the famous institution to which, throughout her life, she brought honor and distinction. Like Miss Nightingale, whose friend she was, Miss Richards spent the later years of her life in helpless invalidism. Adelaide Townsend, of the Ann Judson Ross Memorial Home, where she spent all but the last few weeks of this period, kept Miss Richards' friends informed of her condition. It was in 1926 that she wrote, "It is sad to see such a wonderful spirit gradually fading away. Her faith in her Heavenly Father's love is beautiful. . . . We have been greatly blessed by her coming." And at her death she wrote:

> Linda Richards was an organizer, building for the future in her constructive work, implanting the seed of progression and clinging ever to the belief of Divine Guidance. Linda Richards was not ambitious for herself but for her sister nurses and the schools she worked for. She was always mindful of the suffering of others and for their comfort. Her boundless energy, her intense concentration on the purpose of the moment and unshakable loyalty, with a keen sense of humor, taught many lessons. One cannot touch lightly the incidents of her life and yet there were hours of relaxation from serious things when joy and fun bubbled forth. In March, 1925, Miss Richards suffered from a cerebral hemorrhage from which she never fully recovered. In the five years that were my pleasure and privilege to have the oversight of her care, I learned of the true depths of her wonderful personality and the deep affection and esteem that her friends held for her. Nurses and doctors throughout the land sent good will messages and it is a satisfaction to know that in nearly all instances she remembered from whom the messages came and could locate the different ones in their particular fields of activity. Miss Richards was [illegible] ing [illegible] tion [illegible]

During the five years which Miss Richards spent at the Home in Northboro, members of the New England Hospital family—senior nurses, faculty, alumnae and sometimes the youngest member of the probation class—paid regular visits to their Patron Saint, especially at Christmas and Easter and on her birthday (July 27), bearing gifts and remembrances, as to a shrine.

Members of the school vied with each other as to who should be privileged to visit her room for a short time. Those so privileged will carry with them always the memory of snatches of conversation made by Miss Richards as—"What is your uniform like? I wore only a cap and apron over a black dress." "What is your name?" Answered by a nurse, "Miss Harabedian." Miss Richards, "I can't say that. I will call you 'Miss Armenian'." This in her eighty-ninth year, totally blind and helpless.

Had Miss Richards been a mediocre woman, the title, "America's First Nurse," would not have carried the distinction it now does. But she was a worthy "First," a notable example to be followed. She lived richly. She traveled much. She sought knowledge. She gave without stint of herself.

It is not by those later years that Miss Richards will be remembered by the world at large. There is no more striking evidence of the wondrous span of her life than the fact that the first number of the *American Journal of Nursing*, now almost thirty years old, contains an article on "Miss Richards, Pioneer," by Miss Palmer, the editor, who had been her pupil. That article was an epitome of more than a quarter of a century of brilliant

[illegible] field when nursing was [illegible] early stages of professional [illegible]. The story of her life [illegible] told many times. It is perhaps [illegible] told in Miss Richards' own [illegible], although, in her modesty, she omitted much.

Born in Potsdam, New York, July 27, [illegible], Miss Richards spent her youth in Vermont and always spoke of herself as a Vermont woman. In her last published work[1] she wrote:

> My first inspiration was the great need for nurses and the wonderful work of Mrs. Livermore and Clara Barton during the Civil War. Long after, I chanced upon a book, "Una and Her Paupers." It was then I made up my mind to go to England and enter Florence Nightingale's Training School.

On seeking advice in Boston, however, she learned of the impending opening of a school for nurses at the New England Hospital. She was the first to apply and the first applicant accepted, entering upon her one year of training in September, 1872. The School of the New England Hospital for Women and Children is not always acknowledged as the first modern school of nursing in this country because there was, at that time, no nurse director.

She was described as "a woman above the medium height, commanding in appearance, with a genial sunny personality that has won for her many friends." The story of her training, clad in the simple dress and felt slippers which constituted the uniform of the school, a story of long hours by day, of interrupted sleep at night because nurses slept in rooms off their wards and answered all calls, is an epic in itself.

The time was ripe for the revolution in nursing. Calls came from many places desirous of starting schools. Miss Richards, characteristically, chose to go to Bellevue where, as Night Superintendent, she worked with Sister Helen and thus added to her own knowledge. Of this experience she wrote, "In the midst of all this sin and poverty are found real pearls and no true woman can come in daily touch with a ward filled with patients without soon learning to look for and find the jewels and thereby make of herself a stronger woman."

In 1874 she took charge of the School at the Massachusetts General Hospital in Boston which was wavering between the old and the new. Her thirst for knowledge unabated, she sailed for England in 1877 and there began a fruitful friendship with Miss Nightingale. At St. Thomas's and at King's College Hospital; London, at the Royal Infirmary, Edinburgh, she studied and observed. On her departure, after five months, Miss Nightingale wrote, "Outstrip us, that we in turn may outstrip you again." Of that visit Miss Richards wrote:

> The one dream of my nursing years was to be fulfilled. I was indeed talking with the one woman whose name and the record of whose good works were known throughout the civilised world. . . . Many and various blessings have come to me through the years of hospital life, but never one greater than the privilege of having seen and known Miss Nightingale. I have never ceased to apply the benefits derived from that first visit.

Then came several years devoted to the organisation of the School at the Boston City Hospital, now known near and far by the attainments of its graduates.

She volunteered to serve under the American Board of Missions and founded the first school of nursing in Japan at the Doshisha Hospital, Kyoto, in 1885. This was the first school of nursing in any mission field. Even in that early day she incorporated training in visiting nursing in the course.

[1] *American Journal of Nursing*, Vol. XXIII, p. [illegible].

Though then well beyond the age when it is easy to acquire a new and difficult language and to adapt oneself to unusual social customs, yet so evidently earnest was she in her purpose, so eminent in her previous accomplishments and so strong in her personality that Dr. John C. Berry, the Superintendent of the Hospital, had no hesitation in recommending her appointment for this pioneer work. Miss Richards was in very truth a lady with a lamp and today that nation traces all that is modern in its nursing back to Miss Richards' early efforts.

The schools of the Methodist Hospital, Philadelphia, her Alma Mater, the Homeopathic Hospital of Brooklyn, the Hartford Hospital, the University of Pennsylvania Hospital, successively enjoyed the benefits of her organizing ability. For a period of eight months, terminated by ill health, she was head of the Visiting Nurses' Society of Philadelphia. Her later years were devoted to the care of the insane and she successively held the positions of Superintendent of Nurses at the Taunton Insane Hospital, the Worcester Insane Hospital, the Michigan Insane Hospital in Kalamazoo, and a second period at the Taunton Hospital, from which she was retired as Superintendent Emeritus. In her *Reminiscences*, Miss Richards has written:

> It stands to reason that the mentally sick should be at least as well cared for as the physically sick. State hospitals were thus roused to the need of better care for their patients. This could be secured only by better training for their nurses.

Thus in one lifetime, interrupted more than once by illness, Miss Richards participated in those branches of nursing which are of fundamental importance in our professional life and in social worth to this and other countries. The message of the closing pages of her *Reminiscences* is as needed now as when it was written.

> I find that with all our wonderful advantages, and though engaged in so great a profession, we nurses frequently fall into a rut, and that we need a great deal of pulling to get us out again. Some of us do wonderfully well, when we get out and stand again upon solid ground, and surprise even ourselves to find how broad we can be and how narrow we have been. What we nurses should do to prevent narrowness is to find out what other hospitals and schools are doing, the large hospitals and the small, the wealthy hospitals and the poorer ones, and to let ourselves be broadened by this knowledge. For instance, students in a small hospital have many advantages over those in larger schools, one of which is that they come in daily contact with the superintendent of nurses who, if she is the woman she should be, exercises a great influence for good by this close intercourse. Sometimes the large school offers such wide opportunities that the single student cannot grasp all that is set before her, and is hindered in her development by the consequent difficulty of concentrating her efforts on fundamental requirements. True progress in the largest sense comes most rapidly by acknowledging good work wherever it is found, and by learning to follow the good example.

As this is written, plans for the funeral service, to be held in Boston on April 21, are in the making. An account will appear in the June *Journal*.

Bibliography

Reminiscences of America's First Trained Nurse. The Barrows Company, Boston, 1911.

Boston City Hospital. *Historical Sketch.* Mary M. Riddle. Boston, 1928.

History of the Massachusetts General Hospital Training School for Nurses. Sara E. Parsons. Whitcomb and Barrows, Boston, 1922.

American Journal of Nursing, Vol. I, page 12. Miss Linda Richards, "By One of Her Pupils." Vol. III, page 11. Recollections of a Pioneer Nurse. Vol. IX, page 807. The Retirement of Linda Richards. (Editorial.) Vol. X, page 759. (News.) Honorary Member of the Society of Superintendents for Training Schools (now National League of Nursing Education). Vol. XXIII, page 282. Address at the Fiftieth Anniversary of the New England Hospital Training School. Vol. XXIII, page 940. Miss Richards at League Meeting. Vol. XXVI, page 223. Letters Concerning Miss Richards. Vol. XXVII, pages 139 and 1007. News from Miss Richards.

Abstracts

Psychiatric Nursing: Mary A. Hickey, R.N. Time Study of Nursing Activities in Neuropsychiatric Hospitals. (*United States Veterans Bureau Medical Bulletin,* January, 1930.)

. . . For the purpose of further comparison the charts were divided into two groups—one comprising those activities which would be included under personal care of the patient and the other those which would be included under related activities.

In the column "Personal Care of the Patient" the following items were included: Temperature, pulse and respiration, baths, cleansing and medication and treatment (packs, continuous tubs etc.), general nursing care, serving trays and feeding patients, therapeutic measures performed, observation of the patient on the ward.

In the column "Related Activities" the following were included: Bed making, miscellaneous paper work, interruptions, care of patient's clothing, nurses' notes, meals (personal). . . .

The total findings were divided as follows:

Time spent on all patients for six days.

Time spent on each patient per day.

Time spent by each nurse, per patient, per day.

The study had two purposes, one to determine the actual amount of time spent on the patient, the second to see if the nurses really comprehended the meaning of mental therapy in relation to the patient.

In no hospital of the fourteen submitting reports was the time spent in the personal care of the patient higher than that spent on related activities. In the larger number the actual time spent on the personal care of the patient was far less than that spent on related activities, often being away out of proportion, showing that the time spent on these activities might properly be delegated to others and the nurse thereby have more time to give to the supervision of the patient's efforts toward adjustment.

If these reports are accurate, and it is supposed that they are, and the greater proportion of the time of the nurses is being given to the performance of related duties, it is evident that such a condition should be changed and the time of the nurses rearranged so that more might be devoted to the care of the patients. . . .

The placing of emphasis on the accomplishment of the obvious, such as the straightening of the beds, the physical condition of the wards, all necessary to be sure in the creation of a proper environment in which the patient must live, may be true of others concerned with the care of the patients with mental disease as well as the nurses. Is this being done at the expense of the patient? Symptoms of mental disease are just as real as the physical aspects of symptomatic illnesses—an irritable, often insulting, patient is showing symptoms of mental disease, just as real as physical symptoms. . . . The nurse should therefore be a good listener to the output of the patient's mind, and be able to record the same accurately. . . .

The graduate nurse coming to the bureau with no conception of the meaning of mental therapy is nearly always a problem. When entering a ward for the care of the tuberculous or one for the care of mental patients she has difficulty in "finding herself," accustomed as she has been to have emphasis placed on giving baths, taking of temperatures, giving medicines, she at first sees nothing for a nurse to do. She seems entirely unprepared to assist in the treatment of mental patients such as assisting reëducation of mind and personality, helping to educate the patient out of his present habits and functions. Undoubtedly this is due to the fact that she does not have an understanding of physical and mental hygiene or the ability to notice and evaluate the patient's actions and to report them in an intelligent way.

It would seem then that schools of nursing in the future should place more emphasis on the teaching of mental hygiene. The nurse must be taught that everything that is done in the ward . . . should be considered as mental therapy; the making of a bed, the cleaning of the ward, while routine procedure, should be considered because of the effect the activity has on the patient, either by his participation or in the effect the action has on him in helping his return to a more nearly normal activity, by facing the task that his

surroundings impose on him and not permitting him to shirk all responsibility for his environment.

There should be consistent effort on the part of the nurse to deflect his interest in himself and his surroundings and to participate in the activity of the people around him. A plan should be made for each patient and every opportunity grasped to help him one step further toward the normal. . . .

The results of this study are challenging, because it shows that nurses place the emphasis on the activities related to the care of the patient rather than on the personal care of the patient probably because the related activity is a mechanical action and thus a more tangible evidence of work done. It is believed that each hospital should study carefully the work being done by the nurses and make corrections where necessary, placing the emphasis more on the personal care of the patient, and removing it from the side of the related activities.

There are details of housekeeping . . . tasks that could be assigned as attendant's duties, placing definitely on the nurse the responsibility for the duties that have bearing on the patient's physical and mental welfare. . . .

Impetigo: Ellis Kellert, M.D. (*American Journal of Obstetrics and Gynecology*, September, 1929.)

No more annoying condition is encountered by the obstetric departments of hospitals than the occasional invasion of the nursery by impetigo contagiosa.

Several references in the literature show that there is a well established basis for the use of glycerine in treating infection and inhibiting bacterial growth. Since at best it is but mildly antiseptic and requires prolonged contact for favorable effect, glycerine must of necessity have limited applications. My object is to call attention to a simple method for the prevention of a contagious skin disease—impetigo contagiosa.

In February, 1927, our attention was called to the presence of impetigo in the Ellis Hospital nursery. Despite all precautions, isolation, and special nurses, the disease spread from one infant to another. Mercurial ointment and mercurochrome were in constant use, but with little influence on the spread of the infection. Invariably more than one bleb developed and in some instances the disease approached a bullous form.

The method proposed and apparently used successfully was to anoint the body of each infant, after its bath, with a solution consisting of equal parts of glycerine and water.

This procedure is based on the fact that 50 per cent glycerine inhibits the growth of pyogenic cocci and is not irritating to the skin. The thin film of glycerine on the skin appears to retard the growth of bacteria sufficiently to prevent the lesions from developing. No irritation was noted as resulting from the use of the glycerine. The solution of 50 per cent or 60 per cent glycerine should be kept in a stock bottle sterilized by boiling or in the autoclave. In using the solution it should be poured from the bottle on cotton and daubed on the skin, nails, scalp, etc., following the bath.

When the treatments were begun there were sixteen babies in the department, four of whom had the disease in varying degrees. Two of the more extensively affected infants were removed from the hospital. The remaining two were sponged daily with the 50 per cent glycerine solution and likewise the twelve normal infants. Of the former no new lesions appeared, and of the latter none developed the disease. Apparently the epidemic ceased.

In November, 1927, one infant in the nursery developed characteristic blebs near the right axilla and a diagnosis of impetigo was made. The glycerine method was immediately instituted and kept up for four days, twelve infants being so treated. No further cases developed, nor did the disease spread in the infant affected. This is the first time in recent years that the disease was limited to one patient. During the year 1928 impetigo appeared twice. On each occasion all infants in the nursery were sponged daily for four days with the glycerine, and no additional cases developed.

Our experience with the method, while not establishing its value conclusively, is such as to recommend its use in the absence of a more effective method. Even when the water baths are omitted for a week and glycerine used alone, the skin is less irritated, more supple and healthier appearing than under the usual nursery routine.

Should an epidemic prove refractory to the 50 per cent glycerine, it is urged that a 60 per cent solution be used, but it is doubtful that a stronger solution will prove more effective.

Since we have been free from epidemics of this disease for more than a year, this preliminary report is made with the hope that the method will be tried elsewhere for apparently the disease is quite common throughout the country and difficult to eradicate completely.

Miscellany

The Self-supporting Nursing School and How It May Be Financed

SCHOOLS of nursing have operated for years on the general assumption that student nurses give service to the hospitals, and that in return for this service the students receive maintenance and their education. It has long been the feeling of both administrators and educators interested in nursing education that this exchange should be closely scrutinized with the view to seeing that each party to the agreement receives full compensation, and that to maintain justice to both the student and the hospital some plan should be worked out whereby the cost of nursing education is definitely separated from the cost of nursing service. . . . One method is to have the sum for student services paid into the school of nursing budget to be used solely to pay for the maintenance and education of the nurse. . . . In the following paragraphs there have been included what would seem to be the proper items to incorporate if such a system were to be used in the University of Minnesota School of Nursing.

Income: an hourly charge to the hospital for all students after their first six months at a flat rate to be determined by a careful consideration of the value of their services. A survey of student employment at the university indicates that the hourly rate for student help varies from twenty-five cents an hour to fifty cents, according to the need for skill and responsibility in the work done. It would, therefore, seem fair to assume that the freshman student nurse could earn the minimum of twenty-five cents an hour and that the senior could earn at least forty-five cents an hour. The average for this would be thirty-five cents an hour. This coincides with the suggestion made by Robert Neff, administrator, University of Iowa Hospitals.[1]

This charge would be made only for time actually spent on duty. There would be no charge for the part-time work of the probation quarter on the theory that its irregularity makes it of no great value to the hospital and that, if no charge is made, the time may be used for educational rather than service needs. . . .

Under the present organization of the University of Minnesota, the tuition fee of the preliminary quarter should probably be paid to the university support budget. In return, university support should be given the school of nursing without charge in such matters as use of laboratories, classrooms, student privileges and general administration expenses. . . .

Expenses

MAINTENANCE of each student for entire time of residence, $45 a month, based on the same charge used in the university dormitory for academic students.

Laundry, $3 per month per student.

Uniforms, whether the school or hospital should furnish them is open to question, but they have been included in this study as a more legitimate expense for the school than for the hospital.

Maintenance of the office of director of nursing and her staff. Any instructors added to the staff for graduate instruction, only, could not be included in this budget since the income is from undergraduate service.

Practical nursing *instructors' salaries and maintenance*. Estimated one instructor for every fifty students. If she were paid by the school of nursing budget, she would have nothing whatsoever to do with hospital administration.

Concerning the teaching load of the preliminary quarter, the medical school should be reimbursed for all teaching given to nursing students.

One-quarter of the salaries paid to various head nurses, dietitian, and so forth should be contributed by the school to the hospital, representing the part of the time spent in actual teaching. Doctors should be paid for lectures to students at the rate of $10 a lecture.

There are other miscellaneous considerations, of classroom equipment, library, clerical help, school pins, a social director to assist with personality problems.

During 1928 the hospital showed a record

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[1] Neff, Robert, "The Cost of Nursing Education to the Hospital." *American Journal of Nursing*, September, 1929.

of 37,174 days of student duty. These represent an income to the school, assuming a 7½-hour day at thirty-five cents an hour, of $97,581.75. The computed expenses of the school for that period were $11,298.75 less than this. Part of this excess fund would go to meet some of the legitimate miscellaneous expenses already mentioned. But even after these were paid there remains on the sheet a balance of $6,000. This is not too large a surplus to carry over for emergencies. . . .

The conclusion of this study is that it would be possible to provide an excellent education, solely from the earnings of the student group, given a school of the type and size of the University of Minnesota School of Nursing. A smaller school would have a smaller income, and some expenses would not diminish in proportion. Each school would need to budget its own probable income and expenses.

The last step of the study was to compare the suggested plan with the present cost of the school to the hospital, and with the probable cost of a graduate nursing staff for the hospital. The figures in the grand total were as follows:

Expense to the hospital under the present system..............	$84,382
Expense to the hospital with hourly charge for nursing.......	100,086
Expense to the hospital with graduate staff only............	$167,977

It must be emphasized that these figures are to some extent estimates only, and even if they are accurate, they have been assembled from one hospital only.—Phoebe Gordon, A.B., Instructor, University of Minnesota, in the *Modern Hospital*, April, 1930.

Persuading Indians To Be Nursed

NOWHERE is the more kindly relationship between the races more in evidence than in the work of the public health nurses who are employed by the Indian Office in its program of conservation of health and prevention of disease. . . .

There are now fifty such nurses, and there is work enough for 100 more.

Among Indians, where the nurse must meet every situation, and find an answer to all the problems—not only of managing the care of the sick, but ways to teach how to prevent sickness, how to conserve health, how to awaken the desire to try new ways—we find that 600 to 1,000 Indians in an area will keep her busy.

She must consult the grandfathers, inform the fathers, persuade the mothers, joke with the children. She must drive through the creeks, test the ice on the lake, avoid the deepest mud holes, escape the sand pits, crawl up the mountains and cautiously coast down into the canyons, and in one way or another get the Indian interested, eager, and full of faith in his ability to achieve health for himself and his family.

Vaccination, inoculation, isolation, quarantine, a balanced ration, care and protection must all be interpreted and reduced to a simple explanation that will be valid to the primitive mind and the primitive environment.—From "Problems of Health Administration on Reservations," by Elinor D. Gregg, Supervisor of Nurses, Federal Office of Indian Affairs, in the *United States Daily*, March 20, 1930.

The Public Health Nurse for May

Official Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

Editorial.
State Laws on Public Health Nursing, James A. Tobey.
Florence Nightingale.
Health Organization of the League of Nations, B. M. Cherrington.
Prenatal Bag for Department of Health Nurses, Mary J. Dunn.
Certain Problems in Rural Public Health Nursing in Alabama, Jessie L. Marriner.
Suggested Programs for Staff Conferences.
Mental Hygiene Program—Scranton Visiting Nurse Association, Katharine Brownell.
Organization Activities:
Service Evaluation Study.
Relationship with Other National Agencies.
White House Conference.
Meetings and Trips.
Biennial Program.
Salaries of Public Health Nurses, Louise M. Tattershall.
Board Members' Forum:
Miss Davis' Field Trip.
Biennial News.
Connecticut Board Members.
Problems and Policies:
Exhibits at County Fairs.
School Gardens.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Whose Mother? What Nurse?

IT was on the downtown bus at eight-fifteen in the morning. A hoarse, tired voice had been running on from the seat behind me, but had made no impression on my mind until my attention was caught by the word "nurse." Then I listened, quite brazenly, expecting to hear a tale of the delinquencies of some nurse. "Of course it meant a lot to me. It was wonderful to see how comfortable they made her. There wasn't anything you could do really, except just pet her. But she was always so *comfortable*. The nurses seemed to know so many ways to make her comfortable. It meant a lot to me. It was lovely to see the confidence she had in the night nurse. The minute that night nurse came on it was so nice to see her smile. She was awfully sick, but they were always doing something to make her comfortable."

The voice trailed off in the distance as the speaker left the bus, but I rode on with that "comfortable" ringing in my ears and wishing those nurses, students, or graduates whoever they were, could have heard the tribute.

K. S.

New York.

How Do We Look?

TWO letters came the other day, one from the extreme East, one from the extreme West. The first was from a son of a sick old man who had a housekeeper and a trained nurse caring for him.

The other was from a married woman who was speaking of a nurse she had known as a young, spirited girl. The married friend had been asked to get a nursing magazine from the private duty nurse. Her answer was "She will try to get it. She does not take it herself. Nursing is just a job to Nancy, you know."

The son of the old man said: "He is just another case to Miss ——, of course. Mrs. P. is very fond of him and he of her. She treats him like one of her children, and we are so happy to have her." The nurse got her money and was tolerated. The housekeeper earned the gratitude.

Can't we at least learn to manufacture the illusion of personal interest and interest in our job? They do it in the beauty parlors and in the "cloaks, suits and dresses" departments. If they don't, we don't go back.

Perhaps some of our customers feel the same way.

INTERESTED.

California.

An Experiment in Hours

WE have eight hours' unbroken service for our student nurses, with one full day a week, one day before going on night duty and two days when coming off night duty. This arrangement has been most satisfactory thus far, but I wish to experiment with this one full year before making any positive statements regarding the success of the plan. However, I do feel it is going to be satisfactory.

Never in my experience have I known of as little illness in the Training School and among the supervisors as there has been this winter, and it has been a hard year too. I feel that the careful physical examinations and care that we give our student nurses, encouraging them to drink plenty of milk, and the free, almost ideal, home life that they have, has had much to do with this; therefore, our student nurses are a happy, contented, and very healthy group.

B. H., R.N.

Colorado.

A Book Well Used

I HAVE just finished reading Miss Nutting's book, *A Sound Economic Basis for Schools of Nursing*, and such a wonderful book as it is. So much of it applies to conditions here. I am going to ask the President of the Board of Trustees to read it. I have marked passages and he, being a very brilliant, broad-minded man, will see the problems that confront us. It will relieve me of so much real fighting to get what we want, for it is just because of ignorance on the part of the community that they don't see it.

S. K. G., R.N.

Maine.

The Private Duty Nurse

I WISH to tell you how much I enjoyed the March number of the *Journal*, and especially the article, "Bedside Nursing," by

Eugenia Kennedy, R.N. I wish every nurse might read that article who is doing private duty, as it contained much food for thought and everyone could surely profit by it. I have been doing private duty most of the time since I finished training seven years ago, except for some supervisory work in the hospital where I took my training, and I have always liked it. I have always felt that it would be a fine thing, as Miss Kennedy says, if every nurse could have some further educational opportunity to brush up her knowledge every year or so.

G. M. E.

Wisconsin.

Maternity Nursing in African Homes

THIS is the place to get a thrill out of nursing! The very best home is only a house of poles, set in a trench, usually round, tied together with bark and plastered outside and in with stiff mud. The floor is pounded mud, and the grass roof almost covers the low, narrow door, which is the only source of light. In the center of the floor is the fire, the smoke going out the door or through the roof, or into your eyes. There is no furniture, but everything from a sack of grain to a hen's nest is hung from the rafters. Culinary utensils are a few clay pots and gourds; the bed is a reed mat, with or without blankets. There are millions of flies.

In such a home, recently, I found a dozen old grandmothers, one holding the two-day-old twin which was still attached to the cord. The placenta had not come away and the other twin was not yet born. I cut the cord, cleaned the patient, who lay on a mat, and with a large dose of pituitrin I started enough labor pains to deliver the other child, using my hands as forceps. Thirty men and women, gathered outside, cheered when it was finished and showed great appreciation of my help.

On a terribly hot day I entered a small, very dirty hut where the odors were sickening. The patient, who sat on the dirt floor with nothing under her, had given birth to a dead child, but the placenta had not come. All my efforts failed because she fought off our help, and finally she jumped up and ran away with the whole load in parade. Finally we gave up and left, but I hear she recovered. Their resistance to infection is marvellous.

ORA M. F[illegible], R.N.

Nyadiri, So. Rhodesia, So. Africa.

Face Masks for Burns

I AM a first-aid man in one of our largest oil refineries in the States, and we are having quite a few extensive face burns. Are there any special ready-made face masks used in the great hospitals of our country, and how are they kept moist and sterile for emergencies? I would be very grateful if somebody would let me have a sample if possible.

EVERETT F. HOYNE, R.N.

158 Avenue B, Bayonne, N. J.

Journals Wanted

DOROTHY E. DAWES, 404 West 115 Street, New York, wishes to obtain a copy of the *Journal* for March, 1925.

Minnie E. Draher, Bethesda Hospital, Cincinnati, Ohio, will pay a reasonable price for the following copies: 1900, October and November; 1901, October; 1902, March and September; 1903, August; 1904 and 1905, all; 1906, March, July, August, September, October, December; 1907, January, March, August; 1908, August; 1910, February, August; 1911, August.

Marion Jones, 2030 Maryland Avenue, Baltimore, Md., will pay postage on the following copies: 1922, January, February, March, December; 1923, January through September; 1924, June, July, October; 1927, August.

Mrs. Edson C. Dayton, Clifton Springs, N. Y., needs Vol. 1, 4, 6, and 7, to complete a set, and she will be glad to pay for them.

S. Belle MacCallum, Butterworth Hospital, Grand Rapids, Mich., needs September, 1911, and August, 1915, to complete a file. She will pay for them.

Journals on Hand

MARION JONES, 2030 Maryland Avenue, Baltimore, Md., will send the following copies to anyone paying postage: 1925, September through November; 1926, January, February, April through September, November, December; 1927, January through July, September, December; 1928, May, July, August, September; 1929, February.

S. Belle MacCallum, Butterworth Hospital, Grand Rapids, Mich., will sell for 50 cents each, or $4 a volume, the following: Vol. VI complete; also 1906, June through September; 1907, February, March, April.

Miss H. A. Christian, 25 Cottage Place, White Plains, N. Y. will sell the following copies for 10 cents each: 1904, November; 1905, June; 1907, January through August.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

INSTITUTE ECHOES

That the Institute for State Executive Secretaries held in March at A. N. A. Headquarters in New York was felt to fulfill its purpose is reflected by the following motions made and carried at the final session:

1. That the Institute for State Executive Secretaries be held every two years, in the interim year, and that a regular conference for secretaries be held at biennial conventions.

2. That the invitation extended by May Kennedy to hold the 1931 Institute in Chicago be accepted.

3. That the Institute be open only to state executive secretaries, to full-time district secretaries, and to part-time executive secretaries, with the privilege of substituting a person designated by the state association if the secretary is unable to attend.

4. That a closed luncheon meeting be held at the biennial convention in Milwaukee for state executive secretaries, and that an open meeting be planned to include presidents and state association boards.

The value of round-table discussions was clearly demonstrated at the Institute for discussions were informal and opinions were voiced freely. Herewith are some of the pertinent expressions of opinion on the part of the Secretaries:

Membership.—MRS. AUGUST: Registration in Ohio is compulsory for membership in our State Association. When nurses come into Ohio, therefore, they are given a courtesy membership of six months so they can come immediately into the Association pending their taking the state board examinations for registration. MISS HICKS: Last year the mistakes of previous years on membership lists were analyzed, and a letter of direction sent to every district secretary when the list forms were sent from Headquarters office. I believe this has decreased the number of mistakes to a very marked degree.

Administration and Office Routine.—MISS CREECH: Budget-making involves (a) the accurate recording of the information on which the budget is based; (b) preparation of estimates; (c) examination and weighing of these estimates in the light of experience and recorded data; (d) formulation, review, and adoption. MISS ENTRIKEN: It has been our effort to educate our nurses to go through the proper channels in all matters, whether it be contribution or dues or transfers; that is, from alumnae association to district, district to state, etc. MISS MALONEY: The business of the organization should be transacted at State Headquarters, but if facilities are not available, the elected treasurer should take care of all the financial affairs.

State Boards.—MISS DENNY: If the state board of nurse examiners is appointed from nominations put in by the State Nurses' Association, the personnel is much more closely related than if the State Board of Examiners is appointed in a different way. MISS EUGENIA KENNEDY: The relationship between state headquarters and the board of examiners is neither legal nor one that functions as a part of the state nurses' association. It is one of courtesy and expresses interest on the part of the members of the state nurses' association for any force in the state that has a direct bearing on the advancement of nursing education and the promotion of better nursing service to the public.

Programs.—MISS LAXTON: One district in North Carolina has a yearbook with the entire program for the coming season outlined and this plan, according to district offices, has resulted in added interest and coöperation. MISS MCAFEE: Demonstrations are most valuable, but they require a thorough knowledge of the subject which should be along the

lines of interest for the audience. Find out in advance what they want. MISS RANKIELLOUR: In planning programs, try to please all the group. But you cannot expect to please everybody, so utilize your time for the greatest good of the greatest number. Have speakers who can be heard. Avoid an anti-climax; let the audience depart, inspired by the message of the principal speaker. MISS SUTTON: Several Iowa districts plan their year's programs in advance. These are printed in folders together with a list of district offices and committees. These are sent to members without much cost and we feel we accomplish more if we develop a program that has been planned in advance. MISS MAY KENNEDY: In planning programs, (1) give the people what they want; (2) especially in institute programs, talk to the presidents, find out what they want, and give them that, not what you think they want; (3) have the speaker build his talk on what his audience already knows; (4) have more than one lecture on important subjects; (5) demonstrations are

JOURNAL LUNCHEON FOR STATE SECRETARIES ATTENDING INSTITUTE

Left to right around the table:
Caroline Rankiellour, Minnesota.
Bertha McAfee, District of Columbia.
Helene G. Lee, Massachusetts.
Dora M. Cornelisen, Field Representative, *American Journal of Nursing.*
May Maloney, West Virginia.
Emily J. Hicks, New York.
Maude E. Sutton, Iowa.
Margaret K. Stack, Connecticut.
Arabella R. Creech, New Jersey.
Mary M. Roberts, Editor, *American Journal of Nursing.*
May Kennedy, Illinois.
Eugenia Kennedy, Indiana.
Mary P. Laxton, North Carolina.
Olive Sewall, Michigan.
Stella Goostray, Advisor, Committee on Educational Policies.
Helen W. Munson, Assistant Editor, *American Journal of Nursing.*
Sarah F. Martin, Maryland.
Nina D. Gage, Executive Secretary, National League of Nursing Education.
Linna H. Denny, Alabama.
Esther J. Entriken, Pennsylvania.
Katharine DeWitt, Managing Editor *American Journal of Nursing.*
Elizabeth P. August, Ohio.
Janet M. Geister, Director at Headquarters, American Nurses' Association.

16 State Ex Secy

valuable, but before giving them, build up the mind of the audience to appreciate them.

Transfers.—MISS LEE: The trouble is that nurses are not transfer-minded. Planning transfer forms is excellent, and so is arranging methods for the use of these forms, but before a stabilized method of transfer can be maintained it is necessary to educate the nurse to the need for transfer.

Registry.—MISS MARTIN: Registry problems are among the most important in nursing today, and the maladjustment in the private duty field, as it affects both patient and nurse, calls for our immediate and consistent attention.

Hourly Nursing.—MISS SEWELL: The questions as to where and how hourly nursing should be conducted will solve themselves in time. The most important point is that we are thinking and talking hourly nursing.

Dues.—MISS STACK: For members coming in after July 1, we pro-rate the dues. As I interpret it, we pay state dues in advance. Everything that comes in and goes out in Connecticut does so in the same year.

Biennial Convention

The programs for the Biennial Convention will be found on pages 6, 8, 10, 12, 16, 18, 23 of the advertising section of this *Journal*. Two problems, however, are of primary concern to every nurse going to the biennial. The first is how to get there. The second, where to stay in Milwaukee in order to be comfortable.

When these two questions are solved satisfactorily, the convention-goer can turn her interest to other details. For the purpose of facilitating the nurse in acquiring this detailed information as to convention arrangements, the following digest is published as a summary of information which has already appeared in the *American Journal of Nursing:*

Milwaukee Welcomes.—In extending a welcome to the nurses of the United States on the part of the Wisconsin nurses, Mrs. C. D. Partridge, Chairman of the local Publicity Committee, writes that the Wisconsin nurses are doing everything possible to further the convention plans, "with but one object—to entertain our visitors and to make them comfortable while in Milwaukee." And that should not be difficult in the beautiful lakeside city called by the Indians, Mahn-a-wau-kee, or "good and beautiful land."

Transportation.—Fare. Nurses going to the biennial can purchase round-trip tickets at a total cost of one and one-half fares instead of the usual double fare.

Identification Plan.—This reduction is obtained through the Identification Certificate Plan. To obtain this reduction:

1. Secure a certificate from (a) your Section Chairman of Transportation, or (b) your executive, or elected, or general state secretary, or (c) if preferred, from F. M. Adams, City Passenger Agent, Baltimore and Ohio Railroad, 122 East 42nd Street, New York City.

2. Have your return ticket stamped in Milwaukee. Space has been set aside for this purpose in the Convention Auditorium.

3. Tickets purchased under this plan will be valid for return passage up to and including June 20, 1930.

4. One identification certificate will suffice each member including dependent members of her family.

5. The name of the member to whom the certificate is issued, and the names of the dependent members of her family should be filled in before the Identification Certificate is presented to the ticket agent in Milwaukee.

No Certificates for Those Taking Tours.—If you are going on one of the post-convention tours, you *do not need a certificate.* Make your arrangements for *both* your round trip ticket to the convention and your tour ticket through the American Express Company, and *buy Summer Tourist Tickets.* The American Express Company will make the necessary arrangements so that you can travel to the convention on the special train from your territory.

Post Convention Tours.—The special trips arranged for nurses after the convention are described in the April issue of the *American Journal of Nursing*, page 514.

Transportation Chairmen.—If you have not made your train reservations, do so without further delay. Get in touch with your Transportation Chairman whose name is published in the January *Journal*, page 101.

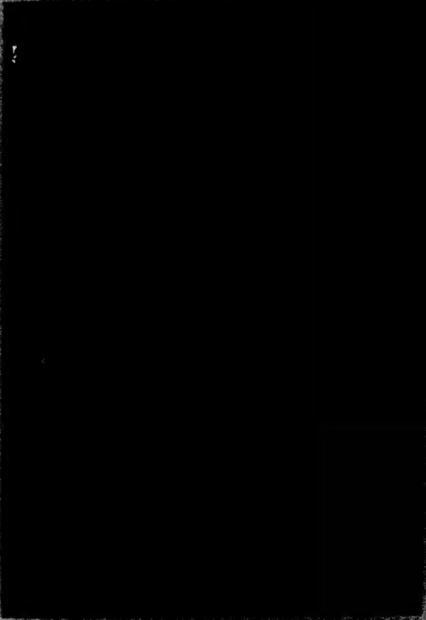
Routes.—Your Transportation Chairman will send you your Identification Certificate and she will make reservations for you on a special train from your part of the world. The various routes selected and some of the special trains arranged, have been published in recent *Journal* issues.

Cabs.—The transportation Committee begs to assure visitors to the Biennial that arrangements have been made with two of the cab companies for adequate transportation to points of interest, and for the demonstrations at hospitals on Wednesday afternoon June 11. Rates have been made very reasonable and groups of four or five can ride for the same price as one, so plan to avail yourselves of this

plan and see the beauty of Milwaukee in agreeable company.

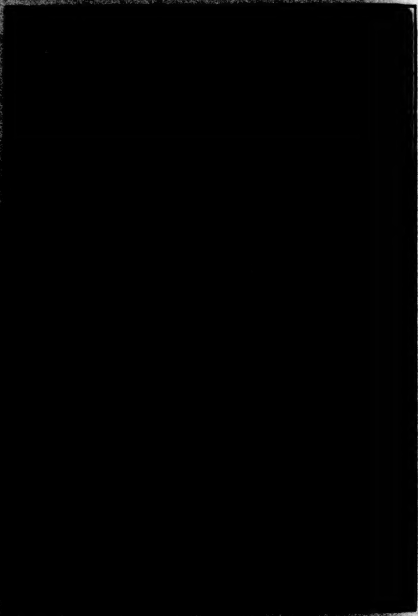
A representative of these two companies will be found in the transportation station in the corridor outside the Arena. Reservations will be made for trips to the country, and for special sight-seeing trips. Official starters with the convention badge will be stationed at all hotels and railway stations, and will assist and direct those who desire information. Milwaukee taxi drivers are noted for their careful driving and courteous attention, and they will be most happy to show the sights of the city.

Housing.—Make your room reservations at once if you have not done so already. A new-



Robert E. Neff

Robert E. Neff will speak at the biennial convention in Milwaukee on Tuesday morning, June 10. He is administrator of the University Hospitals at the State University of Iowa, Iowa City, and a man of long experience in social work of all sorts. Besides long connection with many hospitals and social service organizations, Mr. Neff has been President of a number of these associations, including the Children's Hospital Association of America, and the Indianapolis Council of Social Agencies. He is now President of the newly organized Iowa Hospital Association. Mr. Neff has recently made some interesting experiments in his hospital work, and we hope to hear about them in his address, "The Use of Graduate Nurses in the Hospital for Providing Nursing Service."



John E. Anderson, Ph.D.

John E. Anderson, Professor and Director of the Institute of Child Welfare of the University of Minnesota, is to be one of the speakers at the biennial convention in Milwaukee. He is also chairman of the Committee on Child Development of the Division of Anthropology and Psychology of the National Research Council in Washington, D. C., as well as Chairman of Subsection B, The Infant and Preschool Child, of Section III on Education and Training of the White House Conference on Child Health and Protection. This Conference was recently set up by President Hoover to bring together the best thought of the times and the information available bearing on the well-being of children in the United States. Mr. Anderson is, therefore, well qualified to deliver a most interesting and informative lecture on "The Nurse's Function in the Training and Guidance of Children." He will speak on Tuesday, June 10.

of Milwaukee with hotels and convention auditorium indicated was published in the April *Journal*, pages 512–514. Other issues have carried the hotel list with their prices. If you are a religious Sister and wish to be housed in a quiet place, or if you are a Negro nurse and wish to room with other Negro nurses in the special dormitories for their use, or if there is some problem which you cannot solve for yourself with regard to your room reservation, *get in touch with* Stella Ackley, Milwaukee County Hospital, Chairman of the Housing Committee.

Time Units.—The Program Committee has introduced an innovation this year which promises to be of great help. This is the time unit system on which the entire convention will operate.

Joint meetings and A. N. A., League, and N. O. P. H. N. all will open their sessions and close them at identical hours. There will be intervals between meetings for a bit of rest. And it is expected that this time schedule will eliminate entirely the confusion of previous years as to the time of meetings.

There are two morning periods, the first from 9 to 10.45; the second from 11 to 12.45. The afternoon sessions will begin at 2.30 and will close at 4.45. From 5 to 6 o'clock is the conference hour, and as evening meetings begin at [illegible], there is an ample period for recreation and rest.

The Closed Doors.—All meetings will begin promptly and end promptly. The doors of the auditorium will be closed *during speeches*, and late arrivals will have to wait in the lobby until the conclusion of the talk then in progress.

Luncheons and Dinners.—Make arrangements for the luncheon or dinner of your particular group through Mrs. W. T. Nichols, [illegible] Avenue, who is chairman of the Dinner and Luncheon Committee. Tickets for all luncheons and dinners will be obtainable from one central table in the convention Auditorium. No luncheon or dinner tickets will be sold later than one hour in advance of the event, and no tickets will be sold at the door.

The Mental Hygiene Section

The Mental Hygiene Section has recently formulated its rules. The "Object" of the Section is stated thus:

(a) The object of this Section shall be to promote the understanding of and interest in Mental Hygiene and Psychiatric Nursing, so that the mental hygiene point of view shall permeate the entire field of nursing.

(b) To encourage the inclusion of adequate courses in psychology, mental hygiene and clinical experience in psychiatric nursing in the curricula in all schools of nursing.

(c) To provide an agency through which problems relative to mental nursing may be discussed.

Other Information.—Reports of what Milwaukee is planning in the way of entertainment, the reception, the student chorus, open house, etc., will be found in recent issues of the *Journal* where details of registration, housing, transportation, and other plans, as well as local and national convention committees also appear.

The Exhibit

An important part of the convention will be the Exhibit to be held in Mechanics Hall on the first floor of the Convention Auditorium. Exhibitors take great pains to show their products to the best possible advantage. Nurses will find it decidedly worth their while to see these commodities displayed in which they have a personal or professional interest. It will be noted that besides the commercial exhibitors there is a limited number of health agencies, the booths of which will merit a close inspection on the part of the nurses. The list of exhibitors will be found on page 78 of the advertising section of this *Journal*.

Nurses' Relief Fund

For Month Ending March 31, 1930

Receipts

Interest received on bank balances	$23.01
Interest received on investments	277.50
Check returned because of death of beneficiary	10.00

Contributions

Alabama: District Associations—No. 2, $44; No. 3, $50; No. 6, $10; No. 7, $2	106.00
Arizona: District Associations—No. 1, $28; No. 4, $5	33.00
California: State Nurses' Association	756.55
Georgia: District 1	149.00
Massachusetts: Worcester City Hospital Alumnae Association	25.00
Minnesota: District 2, St. Mary's Hospital Alumnae Association $5; individual members, $24	29.00
New Jersey: Jersey City Hospital Alumnae Association, $50; Englewood Alumnae Association, $2	52.00
Oklahoma: District 1, $57; O. B. H. Alumnae Association, Muskogee, $7	64.00
Porto Rico: $1 per capita of membership	30.00
Rhode Island: Newport Hospital Alumnae Association, $20; Memorial Hospital Alumnae Association, Pawtucket, $10	30.00
Texas: District Associations, No. 2, $54; No. 6, $40; No. 7, $41; No. 13, $3; No. 15, $8; No. 16, $15	161.00

Wisconsin: District 4 and 5 Milwaukee Hospital Alumnae Association, $51; 2 individual contributions, $2	53.00
	$1,475.55
Total receipts	$1,789.06

Disbursements

Paid to 198 applicants	$2,787.00
Rental on safe deposit box	10.00
Collection charge on check	.06
	$2,797.06
Excess of disbursements over receipts for month ending March 31, 1930	$1,007.99

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

The Isabel Hampton Robb Memorial Fund

Report to April 7, 1930

Previously acknowledged	$34,846.62

Contributions

Colorado: State Association	10.00
Indiana: City Hospital Alumnae	5.00
Iowa: District Associations—No. 1, $10; No. 3, $5; No. 7, $10; No. 8, $5	30.00
Massachusetts: Boston City Hospital Alumnae	25.00
Washington: King County Association	10.00
Total	$34,926.62

Mary M. Riddle, *Treasurer.*

The McIsaac Loan Fund

Report to April 7, 1930

March 12, balance	$706.33

Contributions

Colorado: State Association	10.00
Indiana: City Hospital Alumnae	5.00
Iowa: District associations—No. 1, $10; No. 3, $5; No. 7, $10; No. 8, $5	20.00
Washington: King County Association	10.00
Part payment of a loan	35.00
Total	$786.33

Disbursements

Loan made	$200.00
Bank charge for check incorrectly dated	25.00
Total	$225.00
April 7, Balance	$531.42

Mary M. Riddle, *Treasurer.*

The lists for Robb Fund Scholarships for 1930–31 closed on May 1. The applications are being judged and the results will be announced in the June Journal.

Contributions for both funds are desired from associations and it is suggested that each state association should give $25 to each fund; each district association, $10 annually to each fund; and each alumnae association, $5 annually to each fund. Checks should be made out separately, in the name of the Fund, and sent to the treasurer, Mary M. Riddle, care *American Journal of Nursing*, 370 Seventh Avenue, New York.

Army Nurse Corps

During the month of March, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Fort Banks, Mass., 1st Lieut. Etta M. Stanbot; William Beaumont General Hospital, El Paso, Tex., 1st Lieut. Annie G. Porter, 2nd Lieuts. Bessie I. King and Mary C. Strawinski; to Fort Bragg, N. C., 2nd Lieuts. Margaret M. Brandt, Myrtle B. Carson; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Sarah Ethel Williams; to Fort Leavenworth, Kan., 2nd Lieut. Mary V. Cottingham; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Jane M. Gallagher, Minnie E. Newell; to Fort Lewis, Wash., 2nd Lieut. Anna S. Holden; to Fort Sam Houston, Tex., 2nd Lieuts. Myrtle C. Huber, Julia I. Mullen, and Katherine E. Walsh; to Fort Sill, Okla., 2nd Lieuts. Grace M. Dunn, Florence A. Drewell; to Walter Reed General Hospital, Washington, D. C., Harriet E. Converse, Nola G. Forrest; to the Philippine Department, 2nd Lieuts. Anna G. Anderson, Agnes M. Quinlan, and Gladys G. Sample.

Six have been admitted to the Corps as 2nd. Lieutenants.

The following named are under orders for separation from the Corps: Willie Lee Bond, Josie E. Brown, Ella M. Dellinger, Katherine Grant, Maude Hutchins, Lillian Klements, Winifred I. Langan, Clarinda M. Lehman, Lila

Olsen, Opal H. Phelps, Ruth S. Ryan, and Josephine Schneible.

Announcement is made of the graduating exercises of the Army School of Nursing which will be held May 29, 1930.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of March, nine nurses have been appointed and assigned to duty.

Transfers: To Brooklyn, N. Y., Jennie M. Jason, Louise D. Von Raben, Margaret Ann Orr; to League Island, Pa., Hazel V. Braddick; to Norfolk, Va., M. Virginia Besson, Elizabeth M. Schaak; to Parris Island, S. C., Helen B. Hoag, Miriam B. Thorp; to Pensacola, Fla., Janette Willis; to Puget Sound, Wash., Isabel F. Lyday; to Washington, D. C., Rose A. Souzy, Helen G. Timpany, Caroline V. Graham; to Washington, D. C., Bureau of Medicine and Surgery, Helen S. Wood, Chief Nurse.

The following promotions have taken place: Miriam F. Ballard, Chief Nurse, to Assistant Superintendent; Harriet A. Chism, Nurse, to Chief Nurse; Margaret A. Morris, Nurse, to Chief Nurse.

The following nurses have been separated from the Service: Greta W. Hollivan, Katharine Elder, Thelma A. Kissel, Lillian Y. Green, Rose K. Hopkins, Bessie L. Lotstein, Pauline Hutchison, Lorna B. Bailey.

J. BEATRICE BOWMAN,
Superintendent, Nurse Corps, U. S. Navy.

U. S. Public Health Nursing Service

The following changes were made during the month of March:

Transfers: to Savannah, Ga., Grace Craney; to Baltimore, Md., Mavin Brockington; to Memphis, Tenn., Lucy Price; to Chicago, Ill., Katharine Stephens, Dorothy Dunn; to Detroit, Mich., Nell Clayton, Bernice Guthrie, Clara Bowen; to San Francisco, Calif., Christine Palmer; to Fort Stanton, N. M., Ethel McCoy.

Reinstatements: Evelyn Woodward White, Mary Fischer, Florence Cummings, Lillian Normandy, Augusta Weskland, Mae Belle Bibb, Ruth Russell.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT OF NURSING SERVICE, MARCH

The Advisory Committee on nursing, appointed by the Director, which is composed of national leaders in nursing, met with the Superintendent of Nurses, Mary A. Hickey, and the Medical Council of the U. S. Veterans' Bureau, in Central Office, Washington, D. C., March 6-8. The Medical Council is composed of a body of eminent physicians who meet for the purpose of considering the Bureau's vital medical problems. A review was made of the year's accomplishments and problems, and plans formulated for the ensuing year.

The Bureau is at present carrying on a most elaborate hospital program—constructing and opening new hospitals, and corresponding additional facilities in those already opened. These hospitals are as modern and complete as science and complete planning can make them. For the purpose of uniformity and efficiency the nursing service has centralized nursing supervision and control under the direction of the Superintendent of Nurses, located in Washington, D. C. While it is necessary that all nurses in the service qualify under Civil Service, all selections are made in the office of the Superintendent.

The second postgraduate course in neuropsychiatric nursing began at the U. S. Veterans' Hospital, Bronx, N. Y., April 1 and will continue to July 1. This is an unusual opportunity for nurses. In establishing this course it is hoped to bring home to the nurses the fact that there are a field and future prospects for nurses in psychiatric nursing. Ten nurses are being detailed to take the course.

During the month of March, 1930, the following named nurses were reinstated: Hilda Arnold, Fannie B. Cline, Marion Humphrey, Daisy McLean, Florence M. Longstreet, Nora P. Murphy, Winnifred Riley, Emma Quandt.

Thirty-four new assignments were made and the following have been separated from the service: Wanda A. Allen, Freda H. Bennett, Elizabeth A. Borsch, Fannie B. Cline, Ruth M. Drewelow, Katharine L. Ellwood, Catharine S. Connors, Eleanor R. Gaines, Dora I. Hallen, Elsie Hafford, Mabel V. Harmon, Frances Holland, Alada C. Johnson, Minnie H. Kennedy, E. Fay Kless, Harriet Luther, Veta B. Mackley, Isabelle R. McGhee, Catharine Mackey, Sara T. Murray, Mary O'Connell, Gladys Parker, Florence Pierce, Mary Queenan, Florence B. Stanfield, Ellen J. Thomas, Virginia Williams.

Orders were issued for transfer of the following named: To Fort Snelling, Hannah Erickson; to Palo Alto, Dorothy Mendiun; to Edward Hines, Jr., Hospital, Hines, Ill., Thelma Rasmus.

MARY A. HICKEY,
Superintendent of Nurses.

U. S. Indian Service

During the month of March the following changes have taken place in the Indian Service nursing personnel:

Appointments: 31.

Separations: 3.

Transfers: Alice E. Fox, from Chilocco School, Oklahoma, to Quapaw Agency, Oklahoma; Gertrude A. Geerman, from Head Nurse, Keshena Agency, Wisconsin, to Nurse in the Indian Service at Large; Annie M. Hearn, from Hopi Agency, Arizona, to Head Nurse, Northern Navajo Agency, New Mexico.

ELINOR D. GREGG,
Supervisor of Nurses.

The Catholic Federation of Nurses

The sixth annual convention of the INTERNATIONAL CATHOLIC FEDERATION OF NURSES will be held in Milwaukee, Wis., June 6–8.

The Nurses' Association of China

The Nurses' Association of China held its biennial conference in Shanghai, February 1 to 8, at the same time the National Medical Association was holding its Biennial Conference. This concurrent meeting was at the request of the National Medical Association, which wanted to discuss with the N. A. C. certain important problems for China. Two joint meetings were held, one on nursing education, and one on midwifery.

The appointment was announced of Mary Shih, General Secretary of the N. A. C. as Director of Nursing Service for China, under the Nanking Government. She will have charge of the registration of nurses in China, and will begin with the midwifery course. The N. A. C. has been conducting examinations, and registering nurses for fifteen years, in preparation for just this taking over of registration by the Government as soon as it was able to do so. The founders of the N. A. C. are therefore seeing their dreams come true, and well prepared Chinese nurses advising the Government on nursing standards for registration.

The American Red Cross

The annual convention of the American Red Cross will be held in Washington, D. C., May 5–8. Nurses who are in the city at that time, attending the International Congress on Mental Hygiene are invited to attend as many as possible of the Red Cross sessions. A luncheon for Red Cross nurses attending the Red Cross convention is being planned for Tuesday, May 6.

The American Child Health Association

The sixth Health Education Conference of the American Child Health Association will be held at the Hotel Cedarshore, Sayville, Long Island, June 16–21.

United States Civil Service Commission

The United States Civil Service Commission announces the following open competitive examinations: Chief Nurse (Indian Service), head nurse (Indian Service), graduate nurse (various services), graduate nurse, visiting duty (various services), graduate nurse, junior grade (various services).

Applications for the above-named positions must be on file with the Civil Service Commission at Washington, D. C., not later than June [illegible], 1930.

Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or from the Secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.

Summer Courses and Institutes

California, Los Angeles.—University of California, courses in Teacher Training for Red Cross Home Hygiene Instructors (restricted to nurses working in the Pacific Area). Principles of Teaching Methods in Teaching Home Hygiene Courses. June 23–August 2.

Colorado: Fort Collins.—Colorado Agricultural College, courses in Teacher Training for Red Cross Home Hygiene Instructors. Principles of Secondary Education; Methods of Teaching Home Hygiene Courses with Practice Teaching. July 19–August 29. Greeley.—Colorado State Teachers College, courses in Principles of Teaching, and Supervision Applied to Nursing Education, June 16–July 21, Phoebe M. Kandel.

Florida: Gainesville.—University of Florida, courses in Administration and Teaching in Schools of Nursing, and Introduction to Public Health Nursing, by Alma E. Gault, June 16–August 8. For information address Dean J. W. Norman.

Illinois: Chicago.—University of Chicago, courses in Supervision in Schools of Nursing; Administration in Schools of Nursing; The Field of Public Health Nursing; and Supervision in Public Health Nursing. For further information address, a. University Examiner, concerning admission; b. General Correspondence Bureau, for other information; c. Anna D. Wolf, Associate Professor of Nursing.

Louisiana: New Orleans.—Tulane University, courses in The Curriculum in Schools of Nursing, and Supervision in Hospitals and Schools of Nursing, by Gladys Sellew, June 16–July 26, Edward A. Bechtel, Director.

Massachusetts: Boston.—Simmons College, courses in Anatomy and Physiology, Principles of Teaching, Teaching in Schools of Nursing, Nursing Procedures and Teaching Practice, and Supervision in Schools of Nursing, July 7–August 15, Marion M. Rice, Director.

Minnesota: Minneapolis.—University of Minnesota, courses in Administration and Organization, Katharine Densford, and Teaching and Supervision in Schools of Nursing, Loula Petry; Marion L. Vannier, Director. Also courses in Public Health Nursing, Eula B. Butzerin, Director. June 17–July 26.

New York: New York.—Teachers College, Columbia University, a wide variety of courses in nursing and allied subjects, July 7–August 15; registration, July 1–5. Apply to Department of Nursing Education.

Pennsylvania: State College.—Pennsylvania State College, courses in Teacher Training for Red Cross Home Hygiene Instructors. Principles of Teaching, and Methods in Teaching Home Hygiene Courses, with Practice Teaching, June 30–August 8.

Tennessee: Nashville.—George Peabody College, courses in Public Health Nursing; June 9–July 18, work among children; July 19–August 27, education of the community in health. Elma Rood, Director. Nashville.—Vanderbilt University, courses in Hospital Administration and Teaching in Schools of Nursing.

Texas: Austin.—University of Texas, courses in Administration in Nursing Schools, and Supervision in Nursing Schools, Elsa Maurer. In addition the regular faculty of the university will give courses in Psychology and Educational Psychology. July 21–August 29. Address the Registrar.

Virginia: University.—University of Virginia, courses in The Curriculum in Schools of Nursing, Louise Oates; Methods of Teaching Nursing Practice, and Supervision in Hospitals and Schools of Nursing, Adelaide A. Mayo. Of the latter two courses, the one meeting the greater demand will be given. June 16–July 26.

Washington: Seattle.—University of Washington, courses in Administration in Schools of Nursing, Daisy Dean Urch; and Administration in Public Health Nursing, Kathleen M. Leahy. June 18–July 24. Address Mrs. Elizabeth S. Soule, Department of Nursing Education. Also, with this department of the University, the Washington State Nurses' Association, the Washington League of Nursing Education and the Washington State Public Health Association, will hold an Institute on the University of Washington Campus, July 7–11 inclusive. For further information address Mrs. Soule.

State Boards of Examiners

Alabama: The NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold examinations in Mobile on May 20–21; in Birmingham, May 20–21; in Montgomery, May 22–23. Applications may be secured from Linna H. Denny, Secretary, 1320 N. 25 St., Birmingham. All credentials must be in the office before May 5, 1930.

Colorado: Louise Perrin has just completed twenty-one years' service with the State Board of Nurse Examiners, sixteen of which were spent as secretary to the Board. During this period she had attended most of the conventions of the American Nurses' Association at her own expense in order to keep in touch with what was going on in the nursing

world for the benefit of her work. Miss Perrin is a graduate of the Colorado Training School for Nurses of the Denver General Hospital, class of 1900.

Delaware: Delaware State Board of Examiners for Registration of Nurses will hold the next examination at the Delaware Hospital, Wilmington, on Monday, June 2, at 9 a.m. All applications must be in the hands of the Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington, not later than May 23, 1930.

Florida: The Florida State Board of Examiners of Nurses will hold examinations June 3 and 4 for graduate nurses; 5 for licensed attendants, at the Seminole Hotel, Jacksonville. The annual meeting of the Board will be held Monday, June 2; will receive visitors Monday afternoon from three to five. For further information write Mrs. Louise B. Benham, Secretary, Hawthorne.

Kansas: The Kansas State Board for Examination and Registration of Nurses will hold the next examination on May 27 and 28, in Emporia. Make application for examination to Cora A. Miller, Secretary, Newman Memorial County Hospital, Emporia.

Michigan: The Michigan Board of Registration of Nurses will hold an examination for graduate nurses in Lansing, May 22 and 23, 1930. An examination for trained attendants will be held on the same dates. Mrs. Ellen L. Stahlnecker, Secretary.

New Jersey: The New Jersey State Board of Examiners of Nurses will hold an examination for certificate of registered nurse on June 21, at the State Normal School, Trenton. For further information apply to Mrs. Agnes K. Frentzel, 42 Bleecker St., Newark.

New York: New York State nurses will learn with regret of the resignation of Harriet Bailey, Secretary of the State Board of Nurse Examiners, who has held the position for two and one-half years and who has done good work, quietly and effectively. Miss Bailey left her work on April 15, going to her home in Maine. She is succeeded by a member of the staff of inspectors, Clara Quereau, a graduate of the Massachusetts Homeopathic Hospital, Boston, and of the course in Nursing Education at Teachers College where she obtained the Bachelor of Science degree. Miss Quereau spent one year in France as a member of the Army Nurse Corps. She had done industrial and institutional nursing before becoming an inspector of schools of nursing, a position she has held for one and one-half years.

Ohio: The Nurses' Examining Committee of Ohio will hold an examination June 6 and 7 in Columbus. Application should be made well in advance to the Chief Examiner, Room 208, 85 East Gay Street.

Oklahoma: The Oklahoma State Board of Nurse Examiners will hold examinations, June 4 and 5, at the State Capitol in Oklahoma City. All applications must be filed with the Secretary, Jessie A. Biddle, 1101 East 12th St., Oklahoma City, by May 10, 1930.

Rhode Island: The Rhode Island State Board of Examiners will hold examinations, May 8–9, at 9 a.m., in the Museum of the Rhode Island College of Education, Providence. Evelyn C. Mulreenan, Secretary.

Texas: The officers of the Board of Nurse Examiners for the State of Texas are: President, Mrs. Grace Engblad; secretary, Mrs. Elsween Meath; Sister M. Charles, Mary Grigsby, Lena Thomas. Julia C. Kasmeier is educational secretary.

Wyoming: The Wyoming State Board of Nurse Examiners announces examination and registration for nurses on the following dates at the following places: Casper, May 13–14, Wheatland, May 16–17, Cheyenne, May 19–20. All applications to be filed with the secretary by May 1. Mrs. H. C. Olsen, Secretary. 3422 Warren Ave., Cheyenne.

State Associations

Connecticut: The Graduate Nurses' Association of Connecticut will hold a meeting on May 15 in Meriden.

Hawaii: The Nurses' Association, Territory of Hawaii, at a meeting held at the Queen's Hospital, Honolulu, on March 3, elected the following officers: President, Mrs. Gwendoline Shaw, Shriners' Hospital for Crippled Children; vice presidents, Mabel Slattery, Queen's Hospital, and Mrs. B. O. Hatfield, Hawaiian Pines; secretary, Lucile Otto, Palama Settlement; treasurer, Alice Yates; directors—Hannah Dahmen, Janet Dower, Jessie Ryman, Anna Haber, Albertine Sinclair, Stella S. Mathews.

Massachusetts: The Massachusetts State Association will hold a meeting in Boston, May 17. Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*, is spending May in the state.

Michigan: Among the speakers who will appear on the program at the annual meeting

of the Michigan State Nurses' Association to be held in Flint, May 1, 2, and 3 is Dr. L. A. Schwartz, who is to come to Michigan from the Yale Institute of Human Relations to direct a study on juvenile delinquency. Dr. Schwartz is a graduate of the University of Michigan School of Medicine and his additional preparation was obtained in Europe. He has chosen as his subject for discussion "Mental Hygiene of the Community." William J. Norton, long identified with the Detroit Community Union and now director of the Children's Fund of Michigan, will speak of the work of this new organization made possible through the generosity of Senator James Couzens. Miss Anderson of the Detroit District Nurses' Association will speak on Official Registries. Dr. Florence Knowlton who has done field work of the "Maternal Mortality Study in Michigan" will give a report on her findings.

New Jersey: The annual convention of the New Jersey State Nurses' Association was held at the Winfield Scott Hotel, Elizabeth, on April 10, 11 and 12. The convention marked the twenty-eighth annual meeting of the State nurses, the fourteenth annual meeting of the League of Nursing Education, the fifteenth annual meeting of the New Jersey Organization for Public Health Nurses and the fifth annual meeting of the Federation of the Northern New Jersey Visiting Nurse Associations. This is the first time the convention has been held in Elizabeth.

Mrs. Simmons of Elizabeth, President of the State Conference of Social Work, gave the address of welcome. The usual business sessions of the four organizations were conducted. Arabella R. Creech the General Secretary of the State Association gave a most interesting report of the year's work and was enthusiastic about next year's plans. Miss Creech also reported on the recent conference for state secretaries held at national headquarters. This report was most enthusiastically received.

The papers on Thursday afternoon were on "Educational Standards" and the "Grading Committee." Miss Goostray and President Cattelle both showed great breadth of vision in their closely related subjects. President Cattelle left a very definite challenge with the nurses, which when summed up amounted to the fact that we now know what the situation is in the country with reference to the preparation of nurses; how our schools of nursing compare with other educational institutions; if we are satisfied with conditions as they are, there is nothing to be done; if we are not satisfied the remedy is entirely in our own hands.

On Friday afternoon, the business session was devoted to the discussion of "The Professional Registry" and "Ethics." Elsie M. Lawler was in charge of the Symposium on Ethics and there was much interest shown. The large attendance at this meeting was justified by the splendid addresses given. The banquet on Friday was held under the auspices of the State Organization for Public Health Nurses.

Many student nurses attended the various sessions. A total of eighty-five responded to the roll call for students at the banquet. The State Hospital at Greystone Park which has an accredited school of nursing was represented by seventeen.

Saturday was given over to public health. The State Organization for Public Health Nursing and the Federation of Visiting Nurse Associations of northern New Jersey held joint sessions after the business meeting. Katharine Tucker's statesmanlike address at the joint session would have easily graced a national meeting and the New Jersey nurses were justly proud to have over seventy-five prominent lay board and committee members present to meet Miss Tucker who later served as professional advisor at the lay members' luncheon where practical problems were discussed. A total of 250 nurses registered for the six round table luncheons held on Saturday and there was much enthusiasm and discussion of common problems. The afternoon session led by Dr. Bruce Robinson on "Mental Hygiene" closed the meeting.

The registration book of the four groups showed over 500 different names registered. The next annual meeting will be held in Newark. The hostess organizations were the Elizabeth General Hospital Alumnae Association and the St. Elizabeth Hospital Alumnae Associations.

Oregon: Janet M. Geister, Director at Headquarters, American Nurses' Association, visited Oregon, February 17–19, to make a brief study of the registry situation. On February 18, she was the honor guest and speaker at a luncheon given at the University Club, Portland, by a committee of the City and County Medical Association, and the State Nurses' Association, and at dinner at night given by the Oregon State Graduate Nurses' Association. Seventy nurses attended this dinner with representation from five districts. Miss Geister addressed the nurses on the private duty situation throughout the United States, and gave a most

interesting and instructive talk on "Registries." Miss Geister's visit has benefited the state greatly, as interest has been stimulated in regard to nursing problems.

Texas: The Texas State Association will hold its annual meeting in Beaumont, May 1-3.

Washington: The convention of the Washington State Graduate Nurses' Association, the Washington League of Nursing Education and the Washington Public Health Organization will be held in Bellingham, May 8-10. An interesting program is being planned. It will be tulip season in Bellingham. A large attendance is expected.

District and Alumnae News

California: Los Angeles.—At a meeting of the student body of the Emory Jameson College of Nursing, Hospital of the Good Samaritan, it was decided to give to each of the thirty-six members of the graduating class a year's subscription to the *American Journal of Nursing*.

Connecticut: New Haven.—Miss Goodrich, Dean of the Yale School of Nursing and Miss Beard, of the Rockefeller Foundation, were guests of the National Association of China at its annual conference in Shanghai the week of February 2. Lillian Wu, President of the Association, returned to China from her extended visit of observation in this country just in time for the conference. Miss Goodrich arrived from her visit to the Orient about April first. Norwalk.—The graduating exercises of the Norwalk General Hospital School for Nurses will take place May 16, at the Mary A. Bedford Nurses' Home. Nora Lincham is taking a course in operating room technic at the New York Post Graduate Hospital.

District of Columbia.—The monthly meeting of the District of Columbia League of Nursing Education was held March 27, at Sibley Memorial Hospital. The tentative revised curriculum for the District of Columbia was discussed.

Georgia: Macon.—The Sixth District was delightfully entertained at the Oglethorpe Private Infirmary by the Alumnae on April 5, with twenty members in attendance. Reports showed an addition of twelve new members and reinstatement of seven. A registry is being planned and a yearbook. An attendance prize is awarded at each meeting. It was decided to revise the by-laws and to give $25 to the Grading Committee. Edith McGee, a student of the Oglethorpe School of Nursing told of the Florence Nightingale Club recently organized in the School.

Illinois: Chicago.—Once annually the Public Health Section of the First District plans the program for the regular monthly meeting. The program this year was presented March 25, at the Chicago Woman's Club at a dinner meeting. Even though the blizzard had paralyzed almost all traffic in the city, ninety-three nurses attended, coming from near and far and spending as much as four hours' time in transit. Margaret M. Hughes, Chairman of the Public Health Section, presided, calling upon Ella Best, President of First District, to welcome the group. Margaret Butler, Superintendent of Nurses, Chicago City Health Department, spoke briefly of the work done by the nurses in this Department; and Georgia Irene MacDonald, chairman of the Industrial Nurses' Club, told of the work of her organization. Harriett Fulmer then introduced the speaker of the evening—Katharine Tucker, Director of the National Organization for Public Health Nursing. Miss Tucker chose as her topic "Educational Emphasis in Nursing," stating that there had been a shift of emphasis from "getting the work done" in the earlier period of apprenticeship to the newer emphasis on "education." Miss Tucker went on to discuss certain emphasis in the preparation of the nurse at the present time. Among these are: (1) The emphasis on preliminary education, (2) The emphasis on the basic nursing course, (3) The emphasis on postgraduate courses for administrative and educational positions and for public health nursing. (4) The emphasis on staff education. She stressed the need of a four-year high school preparation; the need of divorcing nursing education from hospital economics; the necessity for nurses having a keen awareness of facts and influences in fields related to nursing which contribute materially to the giving of good nursing care; the importance of preparation beyond the basic course for those in administrative, executive and teaching work; and the need for continued education in any field. She also emphasized the educational opportunity of all nurses in the field of public health, whether they function within the hospital or as private duty nurses or public health nurses. In conclusion she stated that the profession of nursing calls for highly specialized skills and technics in practice; for an increasingly wide range of knowledge and varied application; for the attitude of the student always seeking, inquiring, learning;

and for an art that springs from the creative spirit, desiring to make life more abundant.

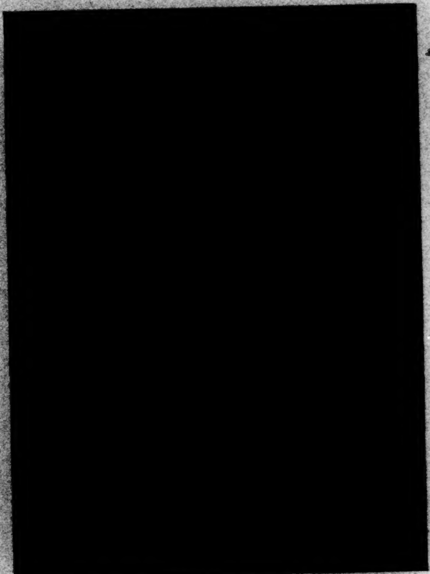
Massachusetts: Tewksbury.—A meeting of the Massachusetts State Infirmary Alumnae Association was held in the Nurses' Home on March 6. Plans for the approaching Jane A. Delano week were made.

Michigan: Ann Arbor.—Shirley C. Titus has resigned the position of Director of the University of Michigan School of Nursing and, on June 1, will become Dean of the School of Nursing of Vanderbilt University, Nashville, Tenn., which is now being reorganized. Bay City.—An unusually well attended meeting of the District Association was held in the Nurses' Home at Mercy Hospital on April 2. At this time membership in the State Association was discussed in detail and plans made for recruiting the eligible nurses of the District. Grayling.—At the regular meeting of the District Association, held at Mercy Hospital on April 8, plans were made for creating funds for the purpose of sending a large number of representatives to the State Convention. Lansing.—Fred B. Smith, Director of the School of Personal Efficiency, addressed the members of the local District on "Applied Psychology" at the regular meeting, held April 7 at the E. W. Sparrow Hospital Nurses' Home. The Home, which is new, was opened for inspection to the District members.

Mississippi: Greenville.—At a recent meeting of the graduates of the King's Daughters' Hospital School of Nursing, the Alumnae Association was organized with the following officers who constitute the Board of directors: President, Mrs. Ruby Lee Burge; vice presidents, Mrs. Will Jayne, Mrs. H. L. Townsend, Opal Thomas; secretary, Omera McCain; treasurer, Mrs. Paul Auerwald.

Missouri: St. Joseph.—At a recent meeting of District 1 it was decided to place a *Journal* subscription for each high school library of the city, six in number. St. Louis.—The newly appointed committee for the Directory of the Third District has introduced a new system of questionnaires for applicants, to be used as a file. An impressive memorial service for Jane Delano was held at Christ Church Cathedral on March 16. Dean Scarlett conducted a fitting service for the occasion. All nursing [illegible] and students from the various schools of nursing marched in uniform, making the [illegible] a spectacle as well as a memorial.

New Hampshire: Concord.—The New Hampshire Memorial Hospital Alumnae Association held its annual meeting on March 25. A feature of the evening was a banquet given to the graduating class following which Daniel Rice of the local Metropolitan Insurance Company's office gave a very instructive talk on the Harmon Insurance Plan for Nurses. A large number was in attendance. The following officers were elected: President, Mrs. Margaret Grimes of Hillsboro; secretary, Hilda Roberts of Manchester; treasurer, Florence Simpson of Concord.



A Reproduction of the Handsome Bronze Plaque Commemorating Fifty Years of Service by Sister Mary Joseph of St. Mary's Hospital, Rochester, Minn.

New Jersey: Newark.—The regular meeting of the New Jersey Industrial Nurses' Club was held at the Visiting Nurses' Association, on March 17. Ruth Waterbury, of the Metropolitan Life Insurance Company of New York, was the speaker. She gave a most illuminating talk on the problems of the industrial nurse. During the last few years she has visited some 1100 industries in the United States and has had unusual experiences relative to health among the employees. These experiences related to the Club members will be of great assistance to them in solving their own immediate problems. Any information about the club may be obtained upon request

to the President, Mrs. Jessie R. Brown, 20 Manhattan Avenue, Jersey City, or the Secretary, Frances E. Fowler, 30 Journal Square, Jersey City.

New York: Auburn.—The Graduate Nurses' Association has held this year eight regular meetings and one special meeting. They have been better attended than during the past year. There are forty-four members, including two honorary members. Interesting talks and discussions by members who have traveled and attended district meetings and the Annual Convention have been given at regular meetings during the year and novel and interesting forms of entertainment have followed the business sessions. Besides having had a very pleasant year in a business and social way, the members have also had the pleasure and satisfaction of having helped in a charitable way. They have contributed or pledged: $10 to the Bordeaux Fund; $50 to the building of the new Mercy Hospital; $10 to the Community Chest. Sick members have received flowers or cards. Brooklyn.—The New York League of Nursing Education, Section 1, held a regular meeting on April 2, in the Nurses' Home of the Jewish Hospital with the general subject, "Prevention of Hospital Fires." Those participating in the discussion were: Peter C. Spence, Chief, Bureau of Fire Prevention, Brooklyn Fire Department; Louis Birdsaye, Superintendent of the Jewish Hospital; Mary Pillsbury, Superintendent of Nurses; Marian Durell, Superintendent of Nurses, City Hospital. New York.—District No. 13 held a regular meeting on the evening of March 13, at the Central Club for Nurses. Marian Durell presided. The business transacted pertained essentially to routine reports of committees. The special feature of the meeting was a stirring and highly entertaining address by Dr. Raymond L. Forman, of St. Paul's church in West End Avenue, on "The Tower of London." Saranac Lake.—District 8 held a meeting on April 1, when Emily J. Hicks, Executive Secretary of the State Association, was the guest of the afternoon, explaining legislation now in progress concerning the nursing profession and also other subjects relating to nursing.

A one-day institute was held on May 1 with the following program:

Meeting called to order by Alice M. De Ward, President of District No. 8; address of welcome, Catherine MacDonnell; "Laboratory Aids to Diagnosis of Tuberculosis," Dr. E. R. Baldwin; "Clinical Diagnosis of Tuberculosis," Dr. Lawrason Brown; "Artificial Pneumothorax with Demonstration of Case," Dr. Francis B. Trudeau; demonstration of pathological specimens, Dr. L. U. Gardner. Afternoon meeting "Symptomatic Treatment of Patients at Trudeau Sanatorium," Dr. F. H. Heise; "Surgical Treatment of Pulmonary Tuberculosis with Demonstration of X-ray Photos," Dr. Edward S. Welles; "Nursing Care of Tuberculous Patients," Anna Stewart Kelshaw; "Light Therapy," Dr. Edward N. Packard; "Prevention and Incidence of Tuberculosis," Dr. John N. Hayes. Adjournment for motor trip.

North Carolina: Asheville.—The regular meeting of District 1 was held on March 12. Jane Brown, Vice-President, who represented the District Association on the Advisory Council which met in Greensboro on March 4, gave a very clear report. Following the report of the Registrar, Ellen Brown, some of the Registry problems were discussed, and a resolution passed that each Alumnae Association in the District be represented on the Board of Directors of the Registry. Esta Kirk, President of the Highland Hospital Alumnae Association gave a good account of her organization. The Biltmore Hospital Alumnae Association met at luncheon with Mary Laxton, General Secretary, as honor guest. The future of the Association was discussed, and plans made for stimulating interest and greater activity. The Rutherford Hospital Alumnae held the quarterly meeting at the Nurses' Home on March 6. A paper on "The Care of Patients under Radium Treatment" was read by Pearl Thomas, a student nurse. A very original article entitled, "Tell Your Patient How He Feels; Don't Ask Him" was presented by Myrtle Hemphill. The topic "Why an Alumnae" brought out much interesting discussion. A resolution was made to hold the Alumnae meetings bi-monthly instead of quarterly. District Number 2, Winston-Salem.—The March meeting was held on the 13th with good attendance. After the usual business a report of the Advisory Council meeting was given by Hettie Reinhardt. Miss Kelley's report of the meeting of the Southern Division of the A. N. A. was read. The Martin Memorial Hospital Alumnae Association was admitted to the District. Ten new members were also accepted. District Number 3, Charlotte.—The members of the District Association were guests of the St. Peter's Hospital Alumnae on March 12 in the parlors of the Hospital. Judge Williams gave a most interesting and instructive talk on "The Domestic Relations Court"

over which he presides. District 5, Durham.—The attractive program enjoyed by the Durham nurses at their March meeting included a talk by Kimiko Yamanishi, a senior student at Duke University, on "The Hospitals and Nursing Schools in Japan." The speaker was charmingly attired in her native costume. Miss Geister's article on the "Cost of Nursing Care" in the *Survey Graphic* was read and discussed. Two new members were welcomed to the District. Bessie Baker, Dean of Nursing, Duke University, was an honored guest. District Number 6, Raleigh.—A joint meeting of the District Association and the Rex Hospital Alumnae was held at the Nurses' Home, Rex Hospital, March 6. Miss Laxton, State Executive Secretary, was present and talked informally on "Organization." The Dix Hill Hospital Alumnae Association completed its reorganization, and elected the following officers: President, Mallie Cook; vice president, Mary Nipper; secretary-treasurer, Mildred Pearson. Meetings are to be held bi-monthly. District Number 7, Fayetteville.—The Alumnae Association of the Baker Sanatorium School for Nurses met at the Nurses' Home, March 20. After the business meeting which included the President's report of the Advisory Council meeting in Greensboro, an interesting program was carried out. A hot wet pack was beautifully demonstrated by two Junior nurses, Miriam Mitchell and Maude Dorman. Ruby Edmondson read from the *American Journal of Nursing*, "How May a Nurse find Happiness in her Work?." District Number 8.—The regular meeting was held in Greenville on March 20. A paper on "Psittacosis" by Dr. Pace was received with much interest. Dr. Joe Smith also made an excellent contribution to the program with a paper on "Influenza in Pandemic Form." The Roanoke Rapids Hospital graduates completed the organization of their Alumnae Association, and elected the following officers: President, Avah Wood; vice president, Irene Clark; secretary, Olivia Rook; treasurer, Davis Dickens. District Number 9, Wilmington. The Association met in regular session on March 12 at the Nurses' Home, James Walker Memorial Hospital. The President presented her report of the Advisory Council meeting in Greensboro. Miss Kelley's report of the meeting of the Southern Division of the A. N. A. was read by Miss Munds. The Registrar, Miss George, rendered an excellent account of the activities of the Registry. Six new members were accepted, and welcomed to the District. The Alumnae Association of the James Walker Memorial Hospital, met on March 20. Program, Credential, Nurses' Relief, Red Cross, and Nominating Committees were appointed by the President. All reports gave evidence of active and constructive work being done by the Association.

North Dakota: Minot.—The Trinity Hospital Alumnae Association held its regular meeting on March 6, in the recreation room of the Nurses' Home (former Ellison residence). Ellen Rostad was appointed as local chairman of the alumnae association for the *American Journal of Nursing*. Edith Hunt gave a talk on "Psittacosis." The alumnae officers meet once a month at the hospital for board meetings which are usually held a short time previous to the alumnae meetings. The alumnae meetings will be held alternately in the afternoon and evenings. The next alumnae meeting will be held in the evening. On the evening of February 26, the following were initiated as honorary members of the alumnae association: Caroline Quie, Lydia Lewis, Ida Ranum, Olinda Ottem, Florence Krehsbach, Lena Bentfield, Carrie A. Cammerud, Edna Gunderson, Christine Engen, Minnie Dahl, Luella Riste, Martha Borge, J. Evelyn Fox, Laura Hegg, Emma Christianson, Ida Paul, and Mrs. S. Meisel.

Ohio: Akron.—At the March meeting of District 1, Dr. Carl Berns gave a talk on "Mental Testing," the meeting being under the auspices of the Section on Public Health Nursing. The regular District meeting for April was held at Idabelle Firestone Nurses' Home, City Hospital, April 8. Dr. F. A. Smith talked on "Diabetes." Cincinnati.—The annual meeting of District 8 was held at the Good Samaritan Hospital on April 28. The program consisted of election of officers and reports of the committees. Cleveland.—District 4 held a meeting on April 15 at the Women's Club, the speaker being E. F. Allen on "My Trip to Switzerland." The Private Duty Section met on April 9, at the Nursing Center. The speaker was Eleanor Waterman, Chairman of the Committee on Registry. St. Luke's Alumnae have the following officers: President, Edna Gorsuch; vice presidents, Eleanor Peck, Mrs. C. T. Hemmings; recording secretary, Mrs. Gladys Decker; corresponding secretary, Leona Brinker; treasurer, Martha Newman. The members enjoyed having Miss Cornelison, Field Secretary of the *American Journal of Nursing*, with them at their February meeting. Columbus.—District 12 held its April meeting at the Grant Hospital Nurses' Home, April 2.

Clara F. Brown, President of the State Association, spoke on the importance of enrollment in the American Red Cross Nursing Service. Wanda Fryhofer, of the Education Department of Ohio State University, gave a talk on "Presenting the Subject of Personal Hygiene to County Nurse Patients." Dayton.—District 10 had a most interesting March meeting when the members were guests of the National Cash Register Company, and at a called meeting, they enjoyed hearing a talk by Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*. Youngstown.—District 3 held a meeting on March 12, at the South Side Unit of the Youngstown Hospital, with 100 members and friends present. Following the business session, the evening was devoted to "Modern Treatments and Nursing Procedures," arranged at the request of the private duty and hospital graduate nurses. There was a 30-minute review by Dr. Kramer, Pathologist, on "Important Things Necessary for the Nurse To Know in the Administration of Insulin," also a brief explanation on Blood Chemistry, and Mosenthal Test. A practical review on the "Pneumothorax Treatment and Method of Expanding a Collapsed Lung," which is being successfully used in the Mahoning County Tuberculosis Sanitarium, was given by Dr. Kirkwood, Superintendent of the Sanitarium. Both of these reviews were of special interest and value to the graduate nurse. A practical demonstration in the care of fracture cases, using a modern combined Bradford frame and balkan frame fracture bed, was given by Miss Griffin, also a practical demonstration in the use of the electric blanket by Mrs. Hoffman. An exhibition of the various treatment trays with splints and appliances as used on the wards today by the Youngstown Hospital nursing staff also proved very interesting.

Oregon: Marshfield.—District 10, Coos County, was organized at a meeting held on February 15, when Miss Gavin, President of the State Association, was present to help in the organization. Miss Gavin gave a history of nursing organization and legislation. The officers elected are: President, Hannah Sandquist, Marshfield; vice president, Mrs. Alma Boyd, Marshfield; secretary, Marion King, Coquille; treasurer, Mrs. Madge Rosenfeld; directors, Mary C. Jackson, Mrs. Phil J. Keizer, Angus Hagerdahl, Mrs. Hilda Johnson, Alice McCarthy, Josephine Miller.

Pennsylvania: Philadelphia.—The regular meeting of the Protestant Episcopal Hospital Nurses' Alumnae was held April 1. The members had with them their former Directress of Nurses and Past President of the Association, Mrs. Nellie F. W. Cumstead, who made a short address. Pittsburgh.—The Nurses' Alumnae Association of the Allegheny General Hospital is anxious that all graduates of the Hospital shall become registered and join the nursing organizations. The following is a copy of a notice published in the December Pitt Points. *This notice applies to graduates who have not taken the examination to become registered.* "All nurses are reminded that on and after September 1, 1930, it will be necessary to furnish with their application, evidence from the Bureau of Credentials of the Department of Public Instruction, of the successful completion of one year of approved high school work or its equivalent as evaluated by that Bureau." Also the resolution adopted by the Board of Directors of the G. N. A., "Be It *Resolved*, That the Board of Directors of the Graduate Nurses' Association recommend to the Directors of Nurses of all hospitals in the state that no nurse be employed in any capacity who has not fulfilled her professional responsibilities of becoming a member of the nursing organizations."

Tennessee: Memphis.—A Memorial Service for Jane A. Delano was held on March 12 by the Local Committee on Red Cross Nursing Service—Lula Robley, Chairman of the Committee, presiding. Papers were read by Maude McGeough, Maria Fagan, Ethel Brown, and Virginia Morgan, student nurses, representing different hospitals. The papers gave an interesting report of Miss Delano's work for the Red Cross Nursing Service. One of the flags used for decoration accompanied Unit P. to France.

Vermont: Burlington.—The alumnae of the Mary Fletcher Hospital, met on April 8, with twenty-eight members present and voted in favor of a committee to gather information for a Mary Fletcher News letter, not an original idea, but it is believed it will serve in bringing together, by letter, old groups, classes, and in fact unite all the graduates. Every graduate of the School is asked to communicate with Doris W. Jones, Alumnae Secretary, 165 S. Union St., Burlington, making sure she has current address.

Washington: Seattle.—The Washington League of Nursing Education met at the Nurses' Home of the Virginia Mason Hospital, March 21. Miss Elizabeth Soule, President, was in the chair. Carolyn Davis of the Everett General Hospital reviewed the article from the *American Journal of Nursing* for

January, "System of Moving Accepted Students through the Required Course of Hospital Training." Mrs. Cecile Spry of Tacoma General Hospital discussed the article from the value of its application in local hospitals. [illegible] Adams led a discussion on Washington laws that relate to nursing. The King County Graduate Nurses' Association held its April meeting at the Columbus Hospital. Dr. C. F. Davidson addressed the group on "Endocrine Glands." The May meeting will be held at the Virginia Mason Hospital. Dr. Don Palmer will lecture on [illegible] treatment of diabetes. Spokane.—District 4 met April 1. There was an excellent lecture on the modern findings of pathology. The meeting was well attended. Walla Walla.—Anita Jones of Maternity Center, New York, was the guest at a dinner given by the nursing organizations in her honor. Miss Jones spoke briefly to the group; [illegible] Thompson of Portland and Dr. A. E. [illegible] also talked. Miss Jones conducted an Institute on Maternity and Infancy Work at Pendleton. Several student nurses from local hospitals attended.

Wisconsin: Milwaukee.—The Red Cross Rally, a memorial to Jane A. Delano, was held in the Milwaukee Auditorium on March 2[illegible]. There were 800 nurses in the procession, about 600 being students; the rest, enrolled Red Cross nurses. Adda Eldredge presided. Addresses were given by Mrs. George [illegible] and James P. Nicholson of Chicago. The interest stimulated by the rally resulted in thirty-six applications for enrollment in the Red Cross Nursing Service.

Too Late for Classification

California: Berkeley.—The University of California offers in its summer courses: Public Health Nursing, 4 units, Dr. Edith S. Bryan. Dr. Bryan will also conduct a seminar for advanced students. Los Angeles.—The University of California: Supervision in Schools of Nursing, 2 units, Mary M. Pickering; Administration of Schools of Nursing, 2 units, Mary M. Pickering; Principles and Practice of Public Health Nursing, 4 units, Mrs. Helen Halvorsen; Teachers' Training Course in Home Hygiene and Care of the Sick, [illegible] Burke and Pearl Castile.

Virginia: Virginia will hold its annual meeting at the Cavalier Hotel, Virginia Beach, May [illegible].

Wisconsin: An examination for registration of nurses will be held May 26, 27, 28, and 29 at the City Hall, Milwaukee, and in the St. Anne's classrooms, St. Francis Hospital, LaCrosse. Adda Eldredge, Director, Bureau of Nursing Education.

Deaths

Jean Allaster (class of 1895, Farrand Training School, Detroit, Mich.) at Victoria Hospital, London, Ontario, on March 10, after a week's illness with pneumonia. Miss Allaster continued in active practice until January of this year. She leaves a host of friends to mourn her untimely death. Two of her former patients, who are ministers, travelled from Montreal and Ann Arbor to attend the funeral services to pay tribute to her as a friend and nurse.

Pearl Barry (class of 1928, Columbus Hospital, Seattle, Wash.) recently, in San Diego, Cal., from typhoid pneumonia. Miss Barry had been nursing in Tacoma since her graduation and had just gone to San Diego. She will be missed by her many friends and associates.

Mrs. George Bird (Gladys Fox, class of 1921, University Hospital, Oklahoma City, Okla.) on March 28, at Pawhuska, Okla. Mrs. Bird did private duty and institutional nursing until her marriage. She was a woman of great nobility and sweetness of character and her death is mourned by many friends, including nurses who had worked with her and patients to whom she had ministered.

Maud Bonner (class of 1926, St. Joseph's Hospital, Memphis, Tenn.) on March 5, in Memphis.

Jessie Breese (class of 1887, Illinois Training School for Nurses, Chicago) at the Presbyterian Hospital, Chicago, on March 23, of cancer, after many weeks of illness. For a few years after graduation, Miss Breese did private duty nursing, stopping to take a year of study at the Woman's Medical College in Chicago. In 1888, she joined the staff of the Illinois Training School where she served for ten years in various capacities—teacher, supervisor, assistant superintendent. In all she gave most constructive and faithful service. After a period of private duty, and a short course at the School of Civics and Philanthropy, Miss Breese became organizer and director of the Social Service Department of the Presbyterian Hospital, a position she held from 1912 to the time of her death. In all her work she showed wisdom, sympathy, humor, and untiring energy. Miss Breese was a charter member of her Alumnae Associa-

tion in which she had held various offices. In 1911, she was made a member of the Board of Directors of the Illinois Training School, serving until the close of its work. No one else served the School in so many ways and for so many years. Her last illness was made happy by the devotion of those who cared for her and the many friends who kept in touch with her. During her illness she showed courage and constant thought for others. In her will she made bequests to the Nurses' Relief Fund, to the Illinois Training School Alumnae Association, and to the Presbyterian Hospital. She leaves a shining and inspiring memory with all whose lives touched hers.

Mrs. Abbie Hunt Bryce (class of 1881, Bellevue Hospital, New York) on March 23, in Indianapolis, after nine years of helplessness from a stroke of apoplexy. Mrs. Bryce, affectionately known as "Mother Bryce," was a pioneer both in nursing education and in public health work, though it is her work in the latter field that is best remembered. She helped establish the school for nurses in the City Hospital, St Louis, and was the second superintendent of the City Hospital, Indianapolis. After her marriage she gave years of effort to the organization of the Public Health Nursing Association in Indianapolis. She was patient and brave during her long illness. A scholarship fund and a loan fund have been established in her honor.

Mary Cassidy (class of 1911, Massachusetts State Infirmary, Tewksbury) on February 28, at her home in Lowell, after a long illness. Following her graduation Miss Cassidy did private nursing for two years, after which she was engaged in public health nursing until her enrollment with Base Hospital No. 7 for service overseas. On her return, she became night supervisor in her own hospital until she retired from active work in 1926. She was an active member of her alumnae association, having been a faithful treasurer. She was a Red Cross nurse. Her entire life was characterized by courage and unselfish service to others. Burial was with military honors by American Legion Post 87.

Ellen H. Courtney (class of 1890, Farrand Training School, Detroit, Mich.) on February 19, at St Luke's Hospital, Detroit, after an illness of several months. Miss Courtney was amongst the first of the graduates to volunteer for service in the Spanish American War. She was a pioneer in nursing of mental diseases in Michigan, having spent some time at the State Hospital in Kalamazoo to prepare herself. She was a staunch advocate of higher standards in schools of nursing and in her quiet but forceful manner made a valuable contribution to the nursing profession.

Mrs. Mollie Malley Collins (class of 1896, Philadelphia General Hospital, Philadelphia) on March 15. Mrs. Collins was of good cheer and enthusiasm, an inspiration to her associates from her days of training onward, a help in alumnae and state projects. She was a valued and dearly loved member of her alumnae association and will be greatly missed.

Elizabeth Sutherland Curtis (class of 1893, Buffalo General Hospital, Buffalo, N. Y.) on February 21, in Saginaw, Mich. A memorial fund has been established in her honor by the Board of the Visiting Nurse Association which she helped establish.

Mrs. Blanche Brown Davis (class of 1928, Peninsula General Hospital, Salisbury, Md.) on April 2, after a short illness. Mrs. Davis had done private duty nursing in and near Salisbury since her graduation.

Mrs. Sue Clinton Fowler (graduate of the General Hospital, Denver, Colo.) on March 7, at the Glockner Hospital, Colorado Springs, after an illness of a few days from pneumonia. Mrs. Fowler was a Spanish-American War nurse, having served in the Philippines. She was the first visiting nurse in Colorado Springs, serving for five years, and she was a charter member of the Colorado Springs Nurses' Association. She was beloved by all who knew her and will be very much missed.

Matilda Hale (class of 1886, Flower Mission School of Nursing, now City Hospital, Indianapolis, Ind.) on March 22, in Indianapolis. Miss Hale had practiced for more than twenty years, retiring from active work seven years ago.

Mrs. Esther Lumblade Hanson (class of 1929, Washington University School of Nursing, St Louis, Mo.) on February 26, at St Joseph's Hospital, Concordia, Kansas, after a week's illness of pneumonia. Mrs. Hanson had done private duty nursing; she was always willing to go when called and was beloved by all who came in contact with her.

Minnie Hyslop (class of 1909, Lake Linden Hospital, Lake Linden, Mich.) recently, at her home in Camlachie, Ontario, after an illness of three years, two of which were spent in a Sanitarium in Kitchener. Miss Hyslop had done private duty nursing in and about Port Huron, Michigan, where she had many friends and was loved by all.

Mrs. Herbert Knox (class of 1896, Farrand Training School for Nurses, Detroit, Mich.) suddenly, at Pontiac, Michigan, from asphyxiation by gas.

Margaret Leahy (Class of 1907, St Mary's Hospital, Milwaukee, Wis.) on March 31, at Seattle, Wash., after an illness of a week, from diabetes. Miss Leahy had not been well for three years. She was a valued member of the King County Association.

Esther Montague Mason, in March, at the Presbyterian Hospital, New York. Miss Mason had served in France and Germany during the War and was a member of Jane A. Delano Post, 344. Military honors were given at her funeral.

Mrs. Walter Putnam (Hanna Mast, class of 1918, Grant Hospital, Columbus, Ohio) on March 19, suddenly.

Carrie Redfearn (class of 1924, Union Hospital, Fall River, Mass.) on March 23, in Honolulu, Hawaii, of meningitis.

Linda A. J. Richards (graduate New England Deaconess Hospital, Roxbury, Mass.) at the New England Hospital, April 16, in her [illegible] year.

Elsa Schmidt (class of 1911, Orange Memorial Hospital School of Nursing, Orange, N. J.), suddenly and at the height of her powers, of cerebral hemorrhage, on April 5. Born in Indianapolis, Miss Schmidt was taken to Switzerland at an early age and remained there until she returned to this country to enter training. From that time she identified herself with American nursing, developing with the years a broad international outlook. Miss Schmidt possessed a fine mind and the courage, persistence, and vision to drive unceasingly forward in her chosen specialty. She has been described as a happy woman because she had work that she loved, friends to whom she was devoted and who returned her affection, and dreams which her life helped toward fulfilment. Her life was one of constant growth.

After a brief period in private duty nursing, she became, successively, supervisor of nurses at the Philippine General Hospital and director of the school of nursing at the Harvard Medical School of Shanghai, China. Returning to this country, while a part-time instructor at Bellevue, she obtained a B. S. degree at Teachers College. Continuing her teaching (at City Hospital), and then as educational director at Bellevue, she secured a Master of Arts degree from Columbia University. Not yet content with her preparation for teaching, she became a student in the University Medical School, Vienna, Austria, where she worked under Professor Julius Tandler for a year. Returning to this country, she was for several years a visiting instructor. From 1927 until her death she was director of the Central School of Nursing in Westchester County.

Miss Schmidt gave generously of her time to professional activities; for example, she was a member of the New York State Board of Nurse Examiners, and she directed the institutes of Section I of the New York League of Nursing Education for a number of years. She was a working member of any committee to which she belonged. But it was her influence as a teacher which will live after her. One of her students writes: "The death of Miss Schmidt, our beloved instructress of the Westchester Central School of Nursing, was a profound shock and sorrow to all who knew her in the fullness of life's activities and with the seeming promise of many years to come. The memory of her character and ability, her faithfulness and lifelong loyalty to the highest ideals of her profession which breathed in every word and action, will long remain a gracious influence and inspiration to us. We give expression to the deep sense of her worth, our sympathy with the personal sorrow of those who knew her and with those in the yet closer relations of life." Funeral services were held in New York City on April 7, and the German Graduate Nurses' Society which she had helped to organize, held beautiful memorial services on Sunday, April 13.

Questions

Is it right to keep student nurses on duty eight hours and then have class periods when off duty?

There are three aspects to this question: If the student service is evaluated in terms of money value to the hospital and the total compared with the amount spent on education, it will probably be found that the student is giving very much more than she is receiving in the vast majority of schools, even though they announce in the catalogues that an education in nursing is given in exchange for service rendered. On that basis the eight-hour day, with class hours extra, is too long.

The second aspect, that of the health of the worker, is more difficult to evaluate. The strain of eight hours of active duty plus class work is a serious one for our very young students.

The third aspect is this: Are students who have put in eight hours of exacting work sufficiently alert, mentally, to take advantage of even good teaching? The National League of Nursing Education in "A Curriculum for Schools of Nursing" discusses this important question in detail. It says, in part: "In so far as hours of work for student nurses are concerned, there is general agreement that eight hours of practical work per day is the maximum which can be required in a satisfactory scheme of training. The findings of the Committee, the opinions of heads of training schools, the experience of those familiar with the system, coincide in approving the eight-hour schedule and in urging its adoption. They recommend that one-half day on Sunday and another during the week be provided and that all classes come within the hours of work, making a 48-hour week. Those who have tried this system would not be willing to go back to the old, realizing that not only is the actual nursing care of the patients of better quality, but that good teaching becomes possible only in the shorter day. Furthermore, it has been shown that shorter hours and better teaching inevitably attract more and better qualified candidates to the school."

What is the status of a nurse who brings a transfer from a state in which she is registered when she requests membership, by transfer, in a state in which she is not registered, the second state association having in its membership requirement a clause requiring registration in its own state?

This is a question which is being constantly agitated. It indicates a confusion in understanding of the *right to practice* with *eligibility for membership*. Quite a number of states have compulsory registration, and in these states many of the by-laws for the state nurses' associations include a clause which makes registration in that particular state a requirement for membership in the state nurses' association in that state.

There is one firm conviction the Board of Directors of the American Nurses' Association has, and that is that all of our by-laws should be interpreted in a generous and broad-minded spirit, not erecting barriers to keep people out of our associations but making it possible for every nurse of good education and good morals to find a place for herself in our organization life—no matter where she may be at work.

If a nurse moves from one state to another where registration laws are so interpreted or so prohibitive that the nurse cannot join their association, her own alumnae association at home may carry her as an active member.

If the nurse is not planning to practice in the second state she does not lose her membership in the A. N. A. by residence in the second state, as membership is not dependent upon registration in each state. If she is planning to enter and practice in a state where registration is compulsory, then she must, of course, secure registration before presenting her transfer into membership in that state.

What states register, without examination, nurses who have been honorably discharged from the Army or the Navy?

In Indiana, nurses holding an honorable discharge from Army or Navy may be registered without examination. This applies to nurses practicing in the state or to those who wish to go to that state to practice. The Arkansas and Colorado Boards of Nurse Examiners will register nurses within their own borders who hold an honorable discharge from Army or Navy.

About Books

BACTERIOLOGY APPLIED TO NURSING. By Jean Broadhurst, Ph.D., and Leila I. Given, R.N. 498 pages. Illustrated. J. B. Lippincott Company, Philadelphia. 1930. Price, $3.00.

THE amount of time allotted to bacteriology in most nursing courses is usually very small. Consequently, bacteriology books for nurses are generally very brief and give only a very elementary and general treatment of pathogenic bacteria. The book by Broadhurst and Given is different. Only half the book is given to disease-producing organisms and immunity. The other half is a presentation of microbiology in general. In institutions such as Johns Hopkins Hospital, for example, where the nurses get a course in bacteriology of only twenty-five hours, no attempt can be made to cover anywhere near the amount of material presented in this book. Is it not better, however, for the textbook to have more material than the student can possibly cover, rather than less? Most young women who come into nursing seem to have had but very little work in biology and especially microbiology. It is a question if a knowledge of the fundamental principles of living matter is not as valuable to a nurse as a specific knowledge of some disease-producing organisms.

The first chapters of the book are given to a study of the methods of studying microorganisms and the nature and varieties of plant and animal cells. The morphology and activities of yeasts and molds are given one chapter, as are also the morphology and activities of bacteria and protozoa. These chapters are followed by one on the cultivation of bacteria and one on the destruction and inhibition of bacteria. Following these are some very comprehensive chapters on the relation of bacteria to air, soil, water, and food in general.

The book has very little description of pathogenic bacteria as such. The effect of the bacteria upon the host and the response of the host to bacteria is constantly stressed. One chapter is given to vaccines, one to antiserums, one to anaphylaxis, and one to immune phenomena in general.

Following each chapter is a short list of laboratory suggestions. The reader is constantly reminded of possible applications to nursing. There is also appended a bibliography, a glossary, and a seemingly good index.

The book is profusely illustrated and relatively free from error. All in all, it seems the best book of its kind which has appeared for some time.

EINAR LEIFSON.

Maryland.

MAGAZINE ARTICLE WRITING. By Ernest Brennecke, Jr., and Donald L. Clark. 382 pages. The Macmillan Company, New York. Price, $3.

THIS is a "How-to-do-it" book, addressed, among others, to the professional worker who may be "called upon to write articles on his specialty." The authors have taken

as their thesis that it is the "man or woman with an overweening enthusiasm over something, the person altogether obsessed with a subject, in brief the specialist, who makes the ideal contributor of magazine articles." And since nurses are also apt to be specialists the book should be of interest to many of them.

The authors, who have had considerable experience with magazine articles—both in producing them and in teaching others how to produce them—have made the book entirely practical. It is not a book for those who look upon writing as a means of escape from reality. It contains suggestions—directions even—for gathering material together, and for arranging it in a manner which will make it appeal to the particular reading group which the author has in mind. (It may be a surprise to discover that not all readers fall into one class and that it is necessary to consider which group one is writing for.) There are other chapters which tell how to plan the article, how to write it, how to compose interesting and alluring beginnings and endings, even how to sell it after—or before—it is written.

One could wish that the authors had devoted more space to the technic of preparing scientific material for publication, and to telling how to put together the results of one's experiments when special study of some phase of his work has been made. There are some questions of the etiquette of writing, too, to which one would like to have the answers, for instance those dealing with borrowing or quoting from others and with giving them due credit. No doubt the answers to these questions have seemed rather obvious to the authors of the book. For the most part it is an intensely interesting and practical handbook for those who would turn their experiences into magazine articles and many nurses as well as other professional persons will wish to add it to the collection on their bookshelves.

H. W. M., R.N.

New York.

THE HUMAN MIND. By Karl Menninger. 447 pages. Alfred A. Knopf, New York. 1930. Price, $5.

FOR more than two thousand years the subject of the human mind has been investigated, more or less scientifically, by metaphysicians, moralists, theologians, novelists, psychologists, and many books have been written on the result of these studies and researches. It remained for a Kansas physician, once a newspaper man, now a specialist in the field of psychiatry, to compile a book that would commend itself and be worthy of the attention of physicians, nurses and laymen, alike.

The Human Mind fills the place for the investigation of mental processes that Dr. Logan Clendenning's book, *The Human Body,* does for physical phenomena. Dr. Menninger quotes generously from the writings of his fellow scientists and from his own broad experience he cites many interesting case histories.

A thought-provoking preface sets the keynote of the volume. The author skillfully steers a course midway between behaviorism and psychoanalysis and it would seem that a reading of this book might be of very definite help to the unfortunate on the brink of eccentricity or psychosis. Every teacher, whether of grade or high school subjects, may well give the book careful consideration. Parents perplexed by the "cantankerous disposition" of little Johnnie or Susie may find in its pages an explanation of such conduct and helpful suggestions

for guiding their offspring into more normal ways. Nurses, particularly those who have had no course or training in mental hygiene, will find the book of immense value.

The book is divided into chapters on Personalities; Symptoms; Motives; Treatments; Applications. The first chapter deals with the "external appearance of the human machine in action, particularly in disaster." Under Symptoms are discussed deficiencies, excesses, distortions, with suggestions for compensation. The third chapter, Motives, is termed the "dynamic section, dealing with the sources and distribution of the power that drives the machine."

Under the head of Treatment the author considers (1) what can be done to prevent mental illness; (2) what treatment can be used in threatened attacks of mental illness; (3) how to treat developed attacks.

The chapter on Applications closes the book. This is philosophic in vein and discusses the application of psychiatry to education, industry, law, and medicine.

Dr. Menninger, who is a member of the staff of various hospitals in Topeka and of the faculty of the University of Kansas Medical School, has made a real contribution to the literature of mental hygiene.

EDITH D. HERTZLER, R.N.

Kansas.

HISTORY OF NURSING NOTEBOOK. By Elizabeth M. Jamieson, A.B., R.N., and Mary Sewall, R.N. J. B. Lippincott Company, Philadelphia. 1929. Price, $1.50.

THIS publication is a very interesting and suggestive device, consisting of colored index sheets, with tabs, designed for use in a loose-leaf notebook cover. The student is expected to add, between these sheets, blank pages upon which she may make additional notes.

There is an attempt to divide nursing history into periods and the printed matter on the index sheets is arranged to conform with such a scheme. The authors evidently found it desirable to take up separately various branches of nursing and their development and have introduced white sheets for this purpose, which adapt themselves poorly to the chronological outline. For instance, each "period" sheet has a list of prominent names of the period at the bottom of the sheet, with a view to fixing them in the mind in their proper chronological position; but when we come to the white sheet headed "Public Health Nursing and Its Development" we find at the bottom a list, also labeled "Representative of the Period," including Phoebe and Sir Wilfred Grenfell. They may be included in the development of public health nursing, but hardly in the same period. It would seem preferable to have included under each period all the various phases of nursing and to have, in the same period, done away with the white sheets, or else to have changed the form of arrangement on the sheets.

The foreword says that the student is supposed to use "any textbook" with the notebook, but in that case it would perhaps have been wiser to limit the printed matter on the guide pages to headings, which would be suggestive but would not attempt to summarize in a short paragraph such large subjects.

The references to the *American Journal of Nursing* are quite complete, but have been extended to include a few items not strictly applicable to history, and some inaccuracies have crept in, such as referring to the Nightingale Pledge as Florence Nightingale's Pledge. (See frontispiece,

American Journal of Nursing, May, 1929.)

Any attempt to divorce the history of nursing from the history of mankind will prove a difficult task, since each development in nursing has been the result of conditions in the social life of the day. Wider references to general history and fewer references to nursing literature would, possibly, give the student a truer idea of the growth of nursing and its relation to the events of history. However, if stress is to be put on professional literature as a source it is unfortunate to have omitted such magazines as the *Public Health Nurse* and the *Modern Hospital*.

The references to nursing all over the world, on the sheets labeled "World Wide View of Nursing," which are all taken from the *American Journal of Nursing*, should be stimulating and also entertaining to the student. Here again, however, it would have been helpful to use additional sources such as the *International Nursing Review*.

PETTIBONE'S TEXTBOOK OF PHYSIOLOGICAL CHEMISTRY. Fourth edition. Revised and rewritten by J. F. McClendon, Ph.D. 305 pages. Illustrated. C. V. Mosby Company, St. Louis. 1929. Price, $3.75.

This book is intended to cover the general field of physiological chemistry in such a way as to give the students a familiarity with compounds important from a biochemical standpoint and to acquaint them with the fundamental processes which go on in the animal body.

The introductory chapter deals with physical chemistry in its relation to physiological chemistry followed by a short discussion of elements found in the body, as well as inorganic salts and water. The next chapters are devoted in turn to a discussion of fats, carbohydrates, proteins, vitamins and some important tissues. This is followed by the chapters on digestion, absorption and metabolism and one on urine.

Part II is devoted to laboratory work, a list of equipment for each student being given.

In schools of nursing the course in chemistry is usually short and must necessarily be simple. Many of the students have not taken the course in the high school and it is necessary to begin at the very beginning with the inorganic chemistry. During the study of the physiology of the digestive system, however, it is essential that some simple experiments be done and this book will prove useful as a reference here as well as in dietetics and in the analysis of urine.

K. S. I.

New York.

Books Received

PHYSIOLOGY AND HEALTH. By C. E. Turner. [illegible] pages. Illustrated. D. C. Heath and Company, Boston, 1929. Price, $1.60.

This is designed for a textbook for teachers to use in the junior, or early in the senior, high school.

GOOD HEALTH, HOW TO OBTAIN IT AND MAINTAIN IT. By F. Alexander Barton. 184 pages. Illustrated. C. W. Daniel Co., London, 1929. Price, 5/-.

THE NURSING OF INFECTIOUS DISEASES. By F. J. Woollacott, M.D. Revised and enlarged by Dorothy C. Hare, M.D. 194 pages. G. P. Putnam's Sons, New York. 1929. Price, $1.25.

Official Directory

[illegible] Council of Nurses.—Sec., [illegible] Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

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Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anne C. [illegible], 308 E. York St., Akron, O. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. [illegible], Chairman, Josephine E. Thurlow, [illegible] Hospital, Cambridge, Mass. Government Nursing Service, Chairman, [illegible], Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. [illegible] Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. [illegible], Chairman, Marie Louis, [illegible] Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian [illegible], Bellevue Hospital, New York. Ex. [illegible] D. Gage, 370 Seventh Ave., New York.

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Southern Division.—Pres., Annie M. Beddow, Norwood Hosp., Birmingham, Ala. Sec., Bernardine Bryant, 903 First Ave., Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

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State Associations of Nurses

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